The Treatment of Cripples

Patience vs. Patients

By JANET WOLFE, Muscle Trainer, Dalhousie Public Health Clinic, Halifax, N.S.

[Note—As part of the Orthopaedic Department of the Dalhousie University Public Health Clinic, a clinic for the treatment of cripples and for general posture work, is held three times a week. The Halifax Rotary Club is very much interested in this clinic and has given material assistance. Several trained technicians do volunteer work in muscle training, massage, baking, remedial gymnastics, and conduct a posture class. The accompanying article explains the branch of the work that deals with the treatment of cripples. A companion article will be published later on Posture.]

Whether or not patience is a virtue, it is a most essential qualification in one who undertakes the treatment of cripples. No longer need the majority of cripples seek to hide from the pitying and thoughtless remarks of those more fortunate. The modern science of physiotherapy has so changed conditions that many a one who has been born a cripple, or becomes crippled through disease or accident, can be cared for in such a manner as to either partially or wholly do away with the disability.

Physiotherapy includes massage, radiant heat or baking, electrotherapy, hydro-therapy, muscle re-education or training, and remedial gymnastics. It seems hardly necessary to mention the beneficial results of massage. Radiant heat is an almost inseparable companion of massage, especially in cold and wet weather. The baking of a portion of the body for 20 or 30 minutes, thus permitting the heat to penetrate deeply into the tissues of the body and promote better circulation there, greatly increases the value of the massage given immediately after. The heat also relieves any soreness that may exist in the tissues, and with the massage has a most soothing effect on the patient.

Massage, heat, electro- and hydrotherapy are what are termed passive treatments. That is, the patient is worked upon and does not have to make any voluntary movements. Muscle training and remedial gymnastics are active treatments. The patient is required to perform or try to perform some movement. Muscle training is concerned with the action of the individual muscles, while remedial gymnastics are concerned with the grosser movements of the whole body.

The cases that come up for muscle training are those persons suffering from the effects of infantile paralysis, obstetrical paralysis, spastic paralysis, cerebral paralysis, ataxias, and any injury causing an inability to use the muscles in the correct way. Muscle training is most essential after an operation for muscle transplantation. In this case a muscle must be taught to put aside its own function and take up the function of the muscle that is beyond repair. In such cases perfect results have been secured.

It is needless to stress that a very thorough knowledge of anatomy and especially of the muscle and nerves is necessary. The origin, insertion, action, and nerve supply of all the muscles must be known very inti-

mately. Not only the individual action must be studied but also the group action; that is, what muscles are used when certain co-ordinate movements are performed. The principles of mechanics, as in the laws of levers, must be understood, as every muscle is a lever of some order. Psychology plays a strong part also in muscle training, as one must be ever on the alert for any change in the mental attitude of the patient towards the treament and the ultimate result.

No one should ever attempt giving treatment to cripples without first obtaining a doctor's diagnosis, and in many cases that of an orthopaedic surgeon. One might quite easily come up against a tubercular condition and do extensive damage by **exercise** when **rest** should be the treatment.

The patient must always be placed in the most comfortable position when ready to start treatment, and the trainer must so stand that she can work freely. A most important factor now to be considered is the force of gravity. In ordinary life that is not thought of, but in muscle training it must never be forgotten. In treating a paralysed limb the body must be so placed that gravity will either assist in the action of the muscles or will be eliminated entirely. To expect paralysed muscles to work against gravity is to expect a 100 per cent. cure at the very first treatment. In fact, not only is gravity eliminated at first, but all friction is done away with. It is not considered that there is much friction when rubbing the hand over the surface of a table or a piece of paper, but watch a paralysed hand try to do the same! To lend assistance to the hand, sprinkle some powder on the table or the paper, and if there is the merest flicker of a movement, it will show then. A sheet of powdered cardboard is as near being frictionless as anything.

It does seem absurd when the doctor has made his examination and reported that there is no power in certain muscles for some one to turn right around and ask the patient to try to move that limb! Of course the request is met by refusal and usually a very scornful one. This is one place where mental influence must be used, not only over the patient but also over his family. As a general rule, the members of the family have a firm belief in the fact that because the child is a cripple and has been one for many years, he always will be one. By explaining matters very simply and by trying to make some analogy between the treatment and the mother's home duties or the father's work, a half-hearted interest is aroused. Results are assured if the proper co-operation is given, thus putting the responsibility for a cure on the patient and parents. This usually brings the response desired.

In cases where there is complete paralysis of long standing, it may be months sometimes before a flicker is gained in any muscles; but once that flicker comes to stay and can be seen by all, the patient is as interested as any one would wish. There is no doubt about the long time necessary for such treatment. These muscles tire very quickly, and often only two or three movements can be made before calling for a rest. In all cases the limb is carefully supported and guided in the right direction, otherwise it would simply fall into the easiest position. It is true that at first the movements are practically passive, but the active part comes while the patient concentrates on trying to move the limb with the assistance of the trainer. To see a muscle contract after months and often years of inactivity never fails to thrill the trainer, who often seems to feel the contraction before it can be seen. After it can be seen a considerable time may

elapse before the contraction is strong enough to affect the joint.

If spastic paralysis is being treated relaxation must be taught, as this is a condition due to the hypertonicity of the muscles. The spastic muscles must be taught to relax before their antagonists can be taught to contract.

One example of a case of obstetrical paralysis might be of interest to the readers. Ernest, eight years old, has obstetrical paralysis involving his right arm, the shoulder being most seriously affected. On entering the clinic he was unable to raise his hand to his mouth but after two weeks' treatment he gleefully announced that he had that day used his hand to carry food to his mouth, and in another week he was able to place his hand on the top of his head. Since then there has been a slow but steady improvement. This has been a clear case of muscle training with massage once a week for the shoulder and arm. No operation has been necessary.

There seems to be a general horror at the sight of braces on cripples; but the fact that such appliances are available is a matter for thankfulness. By means of these the limbs are prevented from going into deformity and the strength gained from treatment is carefully preserved; the strong muscles being unable to overstretch the weak. It has been carefully observed during the past year that when both legs are paralyzed and the brace is put on the weaker leg, that leg in a reasonable time becomes the stronger.

Every means possible is used to encourage the patient to make a supreme effort toward recovery. No improvement is so slight that it is ignored; every little sign is brought to the attention of the patient. All appliances are fitted with dials which register the degree of movement attained every time the muscles contract. By this means the patient is enabled to watch his own progress and sees the value of extra effort. Of course individual muscle movements are not the only concern. Many incorrect habits are learned by a cripple; which is easily understood. Many are the attempts to utilize other muscles in place of the paralyzed ones, and in such efforts the body is distorted, and awkward, unsightly movements are the result.

While muscle training is not impossible without each one of the appliances at the disposal of this clinic, they are undoubtedly of very great assistance. It is much easier to try to bend the ankle, knee, and hip when walking if, by so doing, the toe is protected from being stubbed against the rung of a ladder. When walking over the level floor there are no obstacles to be stepped over and so the effort of flexing the joints is not made. A muscle will work better if it has actual work to do and by means of the appliances work is given in proportion to the strength available and so measured that there can be no doubt about it.

It is urged that a sharp watch be kept for any cripples in the various communities, bearing in mind that children are often dressed so as to hide their deformities as much as possible. Nurses can do much to help these children if it is only by getting in touch with a larger centre where treatment is available. At the orthopaedic clinic, which is held in the Dalhousie Public Health Centre, Halifax, Nova Scotia, the registration shows children from all parts of the province, from Prince Edward Island, and from Newfoundland. It serves also as an out-patient department for the Children's Hospital. That the technicians never lack for work is shown by the fact that since the clinic opened on March twenty-ninth, 1926, to October thirty-first, 1927, two thousand and forty-one treatments have been given. The clinic is open on three afternoons a week.

Editorials

Maternal Mortality

Current and past reports on the general death-rate have been so encouraging that learning Canada's maternal death-rate is 6.4 per 1,000 births comes as a shock to the vast majority of our readers. The Federal Department of Health's recently published Report on Maternal Mortality in Canada shows that deaths of mothers due to child-birth average four for every day in the year.

The subject of improved means for pre-natal and nursing care for the mothers of our Dominion has ever been before the Canadian Nurses Association.

Over ten years ago the Association decided that the provincial associations should be asked to appoint strong committees to interview their respective governments, stating that the Association considered fully qualified nurses only would prove adequate to meet the needs of the people in the sparsely settled districts of the Dominion. Also, that the nurses of Canada were willing to supply nurses if the government would (a) provide hospitals where required, and (b) would assure a living wage for the nurses.

Later, the Association endorsed a number of resolutions on Maternal Care, drafted by the Executive Committee of the Association as a policy for the president while acting on the Committee on Maternal Care of the National Council of Women. The Council was requested to grant the Canadian Nurses Association the privilege of a representative on the Council's special committee on maternal care. This request was granted and latterly the Association has been represented by two members. The representatives of the Association on this special committee have attended all meetings of the committee.

The Canadian Nurse has always stressed the subject of maternal care. In recent years numerous articles have been published, written by well-known members of the nursing profession in Canada.

However, the recently published Report shows that the interest of every thinking Canadian needs to be directed towards this subject.

All nurses realize that to reap benefits of health teaching it is necessary to sow the seed in the minds of the children. It cannot be regarded as too early to teach the need of care of the prospective mother to the 'teen age girls in Little Mothers' Classes. Then, further, stress the subject in the Home Nursing Classes for the young and older women.

Let us then as nurses, members of one of the best organized bodies of professional women in Canada, direct individual and concerted efforts to further the teaching of health to the children in the schools, to the young girls in Little Mothers' Classes, to the women in Home Nursing Classes. To see that more and better pre-natal clinics are established, and, more than all, never miss an opportunity to tactfully place before the prospective fathers and mothers the suggestion that the time to prepare for the dangers of child-birth is in the very beginning of pregnancy.

Biennial Meeting, 1928

The fourteenth general meeting of the Canadian Nurses Association is of special interest for several reasons. It will be twenty years in October, 1928, since the organization meeting was held. The Association is now leaving its 'teen age and entering into a more mature period. In retrospect one sees growth and development: continuous expansion to meet the advances in teaching methods, medical science, and public health.

The biennial meeting of 1928 brings the nurses of Canada together for the first time since plans were discussed and a joint committee representing the Canadian Medical Association, the Canadian Nurses Association and Canadian Hospitals Associations was formed to prepare an outline for a survey on nursing in Canada.

Federated associations should be well represented in order that all may learn of what will be required from each in the preparations for the International Congress of 1929.

A large number of special committees have been studying various questions during the past two years. These committees will have interesting reports to make at the Biennial Meeting.

Altogether each federated association should send one or more representatives to the 1928 meeting of the Canadian Nurses Association in order that every association may be informed of work done and plans for the future.

The Value of the Short Course for Public Health Nurses

The short course of lectures is of immeasurable value. To the rural public health nurse because of the fact that her only communication with headquarters is for the most part by correspondence and, in case of emergency, by telephone. There she has the opportunity to bring up in detail the problems of her district, and she finds that somehow when they are compared with the problems of the other nurses they do not seem nearly so serious and insurmountable. The frank discussion of general and local problems, and the help and encouragement obtained from those who have met and conquered similar difficulties, is both educational and a source of inspiration for better work in the future.

To the nurse stationed near headquarters, the course is of no less value, for the object is also to bring the nurse's knowledge of preventive medicine, treatment of disease, and nursing methods up to date. This is done by means of lectures and demonstrations by specialists in the various branches of medicine.

The short course is also of distinct value to the group, for at such gatherings the staff have an opportunity of meeting and knowing each other and an esprit de corps is generated that is so essential in such a group in maintaining a high standard of co-operative effort.

Adequate Housing of the Nursing Staff

By FRANCES E. WELSH, Royal Alexandra Hospital, Edmonton, Alberta

To the general public this question may present few, if any, serious difficulties; but to those in closer touch with hospital problems it offers a wide field for thought and improvement.

In all branches of business it is a recognized fact that the general welfare of the worker influences in a very marked degree the quality and amount of work accomplished; so there are regulations governing the standard requirements in ventilation and air space. Yet in how many instances, because of lack of interest, or thought, or finances, hospital boards are willing to allow over crowding and injury to health by poor housing conditions for their workers.

It is a grave mistake for any hospital to presume that it is economy to curtail in numbers, or accommodation, or indeed in anything that may interfere with the health or welfare of its nursing body; but sometimes this is done.

Efficiency is the key-note of the standard hospital of today. This point can only be reached by demanding a uniform efficiency throughout the many departments. The highest type of nursing efficiency can not be obtained under conditions of inferior housing.

In planning the ideal home there are many essential conditions to be considered and provided for. It is not simply a question of building a dormitory or hostel, but of providing a home for distinct groups of people:

1st—The superintendent of nurses.
2nd—The graduate staff.
3rd—The student body.
4th—The maid service.

Each group having its own peculiar needs and entitled to individual consideration.

From an economic point of view it would be well to provide for ample capacity to house the entire staff under one roof. To have central heating and lighting systems; a central kitchen and laundry, each equipped with modern labour and time saving devices.

For theoretical purposes the need is room for demonstration and class work: lecture hall, library and reading rooms, and an office for the instructor.

For relaxation, rest and social facilities, reception and living rooms are required with provision for serving the occasional lunch so dear to the nurse's heart.

For conditions of health the separate sleeping room should be strongly advocated. It supplies the need for quiet rest and study, it lessens the spread of infection in cases of illness, and is quite an economic factor in the care of a nurse's wardrobe.

Sufficient bathing accommodation should be provided. One bath tub can only supply a 20 minute service to nine nurses in the three hours between seven o'clock and bed time. Running water in each room is very desirable.

A quiet section for the night nurse is a very essential provision.

While the outlay may at first sight appear extravagant, statistics have proved that the extra expense incurred by providing for separate

(Read at the joint annual meeting, 1927, of the Alberta Association of Registered Nurses and the Alberta Hospitals Association.)

sleeping rooms, sufficient bathing facilities, study and rest rooms, and time for recreation, has shown much less time lost through sickness. Thoughtlessness and diversity of opinion as to real needs and necessities is perhaps largely to blame for inadequate accommodation and equipment.

Evidently the public are not very well informed as to requirements in this housing problem. During the recent local campaign for a children's hospital some one had the brilliant idea of using the nurses' dining room for a children's ward, making no further suggestion as to how or where meals would be served to the nursing staff. Meals and a place to serve them really are necessities!

Crowded sleeping rooms mean insufficient ventilation with loss of proper rest.

An inferior or unbalanced diet means poorly nourished nurses and a lowered resistance to the infections daily met with.

The result is a higher percentage of sickness among student nurses with its consequent loss of time and service to the hospital, and an increased loss per capita to the nursing service.

Nursing conditions of today are not the conditions of early training school history.

The day of candles, straw mattresses, crowded dormitories, and long unbroken hours on duty has passed. We are living in an age of new ideas and keen competition.

The alert young candidate of this modern period picks her school and chooses from among those offering the best advantages in home and hospital life; and this may not be the largest or most imposing institution.

The average hospital may qualify in this competition if adequate and cheery provision has been made for living conditions.

Few hospitals will lack for applicants to their nursing staff if an appreciative, homely atmosphere prevails throughout the housing accommodation.

In this housing problem it is hard to draw a definite line and say just where responsibility ceases.

Should provision be made for more than simply material comforts? How much should be supplied of music, art, current literature? All these aid in the broadening of character and in developing a wholesome outlook on life and its problems.

Is it the responsibility of the hospital to provide means for relaxation and amusements for the hours off duty; for helping to keep intact church associations; for the moulding of the life that for three years might be likened to "The stranger within our gates?"

Tennis courts, gymnasiums, skating rinks, swimming pools—do these belong to adequate housing?

Other educational institutions provide such recreations for their students. Why then should the nurses be excepted? Is their work in dealing with life and death of less importance, or are they in less need of mental relaxation?

Before concluding may I again speak of the great need of facilities for quiet rest. The nurse lives all day in an atmosphere of stress and hurry. She should go home to quiet restful surroundings: her own individual room; a quiet corner in which to study; a living room assigned to her own group of classmates.

If this want is provided for hospital trustees will be amply repaid, in better health among the student nurses, in a longer and more unbroken service from the graduate staff, and in the assurance that, in so far as possible the strain for the superintendent of nurses has been lessened.

As an Ex-Governor Sees It

The recent regrettable discord in the staff of one of the general hospitals in Ontario has attracted far more attention than it deserved, due chiefly to the unwarranted meddling of a sensation-seeking city press. But it was of especial interest to one who, like myself, has spent many years upon a hospital board and who still retains a keen interest in Canadian hospitals, their nurses and their general welfare. It is no exaggeration to say that there are no better hospitals and nurses. The hospitals are modern to the last degree and the nurses, derived from the best families in the land, and fine types of womanhood, are highly trained. Hospital tradition in Canada is on a high plane. All the more deplorable, therefore, is this lapse in Guelph from those noble traditions and high standard of morale. My sympathy goes out both to the superintendent of the hospital and to the nurses. Had not outside meddling and publicity fanned the embers into a fierce flame the sparks of trouble would in all probability soon have been quenched. I am confident that the nurses have been badly advised, probably by well-meaning friends, and that in cooler moments they will regret sincerely having taken part in an organized and decidedly unprofessional walk-out.

The superintendent of a hospital —especially a country hospital—occupies a post of particular difficulty owing to the diversity of creatures with whom she has to deal. She has to consider (1) the board of governors, (2) the doctors, (3) the nurses-in-training, (4) the domestic staff, (5) the patients, (6) the public.

The demands upon her patience, her good-nature, her tact, her physical strength and her courage are heavy and constant. As a former governor I know that boards sometimes expect the superintendent to perform miracles or to make brieks without straw. If she allows the board to do foolish things she is probably blamed for not having stopped them: if she has the temerity to differ from the judgments of their lordships she is set down as a strong-minded female. If she is personally attractive she is the object of much feline criticism, while if she is plain and lacks that schoolgirl complexion she has a depressing effect upon the patients (and governors). If she goes out to social functions she is charged with gadding about; if she sticks closely to the hospital she's a poor mixer or too superior.

Then there are the doctors (God bless them!) to please, and it is betraying no secret to say that they are extremely kittlish and sensitive. If they ever imagine that the superintendent or the nurses are giving just a shade more care and attention to a brother doctor and his patients, the probability is that there will be the father and mother of a row and their patients sent to the other hospital. But there are few people outside the hospital staff who know and appreciate how much time and trouble year by year is given freely by the doctors in preparing and delivering courses of lectures in anatomy, physiology, hygiene, materia medica, etc., to the nurses in training. The high standing of the Canadian nurse in her profession is the fruit of these lectures.

Then there is the staff of domestics to manage: hard to get in the first place and then harder to manage. And yet efficient domestic service is an essential in a good hospital.

I have a strong sympathy and admiration for the Canadian nurse in training. It requires a stout heart and a cheerful disposition to go through her three-year course with its inevitable long hours, drudgery and hard work, and its discouragements, to say nothing of the daily duty of facing disease, infection and

death. In peace and war, at home and in the remote corners of the globe, our nurses have set a glorious example of discipline, sacrifice and valour. But the graduate nurse will be the first to agree that discipline is the prime essential of her profession: not only obedience to authority but self-discipline and a stern determination to play the game to the end, come what may.

With the nurses in training the relationship of the superintendent is one of extreme delicacy. She must unceasingly exercise strict and impartial discipline, because rigid discipline is just as important and essential to the nurse as it is to the soldier or sailor: with both it is a matter of human life or death. The superintendent feels a keen pride and affection for her nurses, but she cannot be intimate and familiar with them. She may scold them sharply at times herself, but she will allow no word of criticism of them from others. If the young women in training at the hospital referred to think their discipline was too strict they don't know what grim and ruthless martinets the superintendents of metropolitan hospitals are. The strictest superintendent I ever knew earned the lifelong devotion of practically every graduate nurse she trained.

In addition to all this the superintendent has to please her patients, and most invalids naturally get cantankerous at times and are full of whims and fancies. Lastly, the superintendent is supposed to please the public, and as the public have in the main to depend upon what they hear from friends or what they read in the press they may easily get an impression far from correct. On the whole, taking one consideration with another, the superintendent's lot is not a happy one. If anything goes wrong the superintendent gets the blame: when everything goes all right, the President and House Committee smile complacently and accept the bouquets. Heads I win, tails you lose, for the superintendent. The nurse in training might remember this when she feels aggrieved at the superintendent: she may be a superintendent herself some day.

In this particular case one of the root causes of the whole trouble has been the accepting of young women, resident in the locality, as nurses in training. They are too close to home and to their families and friends to be immune from local influences and busybodies. In at least some country hospitals local young women are not accepted for that reason, and there is sound sense in the general principle. Minor or imaginary grievances are apt to become exaggerated in the intimate home circle.

After all, the interests of the hospital are paramount, and it is to be hoped that this unpleasant episode will now fade into oblivion and harmony be restored by mutual concession and common sense. The welfare of the hospital is too important to be damaged by internal dissension or external meddling.

COMING EVENTS IN THE NURSING WORLD

Biennial Meeting, Canadian Nurses Association, Fort Garry Hotel, Winnipeg, July 3-7, 1928.
Annual Meeting, Graduate Nurses Association of British Columbia, April 9-10, 1928.
Annual Meeting, Saskatchewan Registered Nurses Association, April 11-13, 1928.
Annual Meeting, Registered Nurses Association of Ontario, April 19-21, 1928.
The first Canadian Council on Social Work, Montreal, April 24-27, 1928.
Biennial Meeting, American Nurses Association, Louisville, Kentucky, June 4-9, 1928.
Annual Meeting, International Catholic Guild of Nurses, Cincinnati, Ohio, June 18-22, 1928.

Canada's Maternal Mortality

In 1918 by the passing of the Statistics Act the Dominion Bureau of Statistics was established. Until that time Canada had no national statistics. The Dominion Government took the census, but all other vital statistics were under the sole direction of the provincial governments. They are still, but a system of co-operation has been founded and carried on by the Dominion statistician. Until 1921 maternal mortality did not appear as a separate item in official records of the Dominion Bureau of Statistics. The information conveyed by the figures then published aroused the interest of all those most closely concerned with matters affecting the public health.

In 1924 the Executive Council of the Canadian Medical Association arranged for a conference on Medical Services in Canada, to take place in Ottawa, December 18-20, 1924, under the patronage of the Minister of Health. From December 15-17 the Dominion Council on Health was in session in Ottawa and a memorandum on maternal mortality in Canada was laid before the Council by the direction of the Deputy Minister. It was decided by the Council that these facts be laid before the ensuing conference on Medical Services in Canada. Following the presentation and discussion of the subject at the conference a resolution was passed to the effect that the Federal Department of Health would be "requested to undertake a comprehensive inquiry in regard to maternal mortality in Canada."

This work was undertaken at once by the Department of Health, and it was stated that, as far as can be ascertained, this was the first time that the medical profession of any nation had been given the opportunity to tell the story of maternal mortality from the medical joint of view.

Maternal Mortality, July 1, 1925—July 1, 1926

Province	Total Births①	Maternal Deaths	Rate per 1,000 living births
Nova Scotia	11,157	67	6.0
New Brunswick	10,631	74	7.0
Prince Edward Island	1,691	8	4.7
Quebec	84,846②	479	5.7
Ontario	68,844	498	7.2
Manitoba	14,695	113	7.7
Saskatchewan	20,506	126	6.1
Alberta	14,654	91	6.2
British Columbia	10,175	76	7.5
Total	237,199	1,532	6.4

①July to December, 1925, final figures; January to June, 1926, preliminary figures.

②Not available by months; an estimate based on calendar years has been used.

The statistics given above are taken from the Report on Maternal Mortality in Canada which has just been received from the Department of Health, Ottawa, together with two small blue books with the title "Mother," one written for men and one for women. These blue books contain outstanding information ascertained through the enquiry which may assist Canadian men and women in conserving the lives of young mothers.

It seems incredible that between Dominion Day, 1925, and Dominion Day, 1926, Canada lost 1,532 mothers in childbirth, or from causes connected with it. *Four Canadian mothers died every day.* The average age of these mothers was thirty-one, and they left behind them 5,073 children. Their deaths was the greatest bereavement the homes and country suffered in the Jubilee year of Confederation.

Dr. Primrose, Dean of the Faculty of Medicine in the University of Toronto, gives three chief ways to stop "this long march to the grave," and these are the three central points of the Enquiry:

1st. Change the thoughts of the medical profession and the people of Canada about this subject.

2nd. Make the facts known to the profession and to the people. How many Canadians know that we lose more than four mothers in or because of child-birth every day and 1,532 every year? Tell them.

3rd. Grapple with the subject. Think it out. Let us make up our minds what we should do about it and get it done.

Dr. Primrose says:

"The subject is obviously one that must be tackled by the profession or the state, or by whatever authority can best deal with it. Certainly we cannot afford to have mortality statistics in this class of cases greater in this country than they are elsewhere. It does seem to me that the subject, which is of such great importance, is one that should be grappled with."

Recommendations given in letters of advice from medical men are:

1. That the teaching of medical students in obstetrics be improved.

2. That post-graduate courses in obstetrics be provided for practising physicians; also that pamphlets be prepared and distributed to them on the best modern obstetrical technique.

3. That every case of puerperal sepsis be reported to the Provincial Deputy Minister of Health.

4. That an enquiry into every maternal death be made by the local medical officer of health, under the direction of the Provincial Deputy Minister of Health.

5. That hospitals, medical societies and health departments should establish Maternity Clinics and Pre-Natal Clinics.

6. That the number of hospitals and outpost hospitals and public health nurses should be increased so that every mother may have the necessary care, pre-natal, natal and post-natal; and that public hospitals, maternity boarding homes and private hospitals should be properly inspected.

7. That classes in Home Nursing should be organized and regularly held.

8. That midwives should be:
   (a) Replaced by trained nurses;
   (b) Trained, examined and registered;
   (c) Abolished by law.

9. That 'Home Helps' be provided for the mothers.

10. That obstetric consultants should be available.

11. That the Provincial Departments of Health should supply physicians with mailing packages for specimens of urine, similar to those supplied for other laboratory specimens. Printed directions re pre-natal care to be enclosed.

12. That Maternity Allowances should be established by Workmen's Compensation Boards and other public authorities.

We cannot hope for improvement in infant mortality rates until the mothers receive better care. The great reduction in infant mortality in Canada, as in other countries, during the past few years has almost all been in the second to twelfth month of the first year. The chief cause of death in the first month is loss of the mother, who did not receive pre-natal care. Prof. Chipman, of McGill University, says: "The case stands strongly against us—the mother in the prime of life—the most valuable citizen in the community—dying often from a preventable disease."

Space does not allow for further excerpts from the Report, many of which are valuable as information for nurses.

Each nurse should have a copy of this Report on Maternal Mortality in Canada,* which was made by the Department of Health at the request of the first Conference on Medical Services in Canada. The Report was compiled under the direction of Dr. Helen MacMurchy, Chief of Division of Child Welfare and first Editor of *The Canadian Nurse*.

*A copy of this Report may be secured from the Department of Health, Ottawa.

Vignettes from the History of Nursing

By Members of the School for Graduate Nurses, McGill University, Montreal, with Introductory Note by Maude E. Abbott, M.D., Lecturer on the History of Nursing. (*Continued.*)

XIII

FABIOLA

By INEZ E. WELLING, Shediac Cape, N.B.

Fabiola, a saint and Roman matron of rank, belonged to the patrician Fabian family of tremendous wealth. She had been married to a man who led so vicious a life that to live with him was impossible; obtained a divorce from him according to Roman law, and then, contrary to the ordinances of the Church, married again before the death of her first husband. She was most unhappy during the second marriage and after her husband's death decided to do public penance. It was at this time the custom of criminals and all the lowest types of people to come to the gates of the Lateran Basilica on the day before Easter and openly confess their sins. They were much surprised to find Fabiola standing at the gates: beautiful, dressed in a plain dark penitent's robe, with her hair hanging down, ashes on her head, her face stained with weeping, to do penance in public for her great sin: an act which made a great impression upon the Christian population of Rome. She was then again received formally into full communion with the Church.

Fabiola now renounced all that the world had to offer and devoted her immense wealth to the needs of the poor and the sick. She founded, at first in her home, the first free public hospital under Christian auspices: when out herself, found the most needy patients, brought them home, and personally bathed their wounds and sores.

The influence of Marcella and Jerome, and the teachings of Christianity, and mostly her own unhappy experience in life, led Fabiola to throw herself, with her eager and restless nature, into a life of self-sacrifice, service and devotion to others.

She built a beautiful hospital at Rome in 390 A.D. and waited on the inmates herself, not even shunning those with repulsive wounds and sores. Jerome tells of her service to the most unfortunate and afflicted patients, the badly mutilated; those with blinded countenances, partially destroyed limbs, swollen bodies and wasted extremities; how often she had carried such cases into her hospital in her arms, revolting victims suffering from a frightful malady, when the odours from the wounds were such as prevented everyone else from even looking at them.

She fed the sick with her own hands and revived the dying with small and frequent portions of nourishment. Besides all this she gave large sums to the churches and religious communities at Rome and other places in Italy. All her interests were centered in the needs of the Church and the care of the poor and suffering.

Later, about 395 A.D., she went to Bethlehem where she lived in the hospice of the convent directed by Paula, and applied herself under the direction of Jerome with the greatest zeal to the study and thought of the Scriptures.

Residence in Bethlehem became unpleasant for her on account of a quarrel between Jerome and Bishop John of Jerusalem respecting certain teachings. So she returned to Rome where she, together with a former senator, built at Porto a large hospice for pilgrims coming to Rome. She also continued her hospital work with the sick poor until her death on December 27th 399 A.D. Her funeral was an example of the reverence and appreciation with which she was regarded by the Roman populace.

XIV

FABIOLA

By E. M. ROBERTSON, Montreal, P.Q.

On one Easter Eve, at the porch of the Lateran, where all the criminals and lowest types of humanity were gathered to openly confess their sins, stood a figure, plainly clad in the penitent robe, ashes on her head, hair hanging down and her face disfigured by much weeping. Much amazement was expressed at the sight, for was not this Fabiola? Yet how could it be the proud, beautiful, wealthy, high-born Roman lady among this crowd of common people?

In her youth Fabiola, who belonged to the patrician Fabian family, was one of the most beautiful, charming, and worldly Roman matrons of her day. She was married unhappily and could not live with her husband, so she divorced him according to Roman law—but contrary to the ordinances of the Church—and married again, also unhappily.

FABIOLA

About this time the influence of Marcella, a noble Christian Roman matron, and the teachings of Christianity, began to take hold on Fabiola,

and, no doubt coupled with her previous unhappy knowledge of life's disillusionments, led her to become a Christian. It was after the death of her second husband that she appeared at the Lateran, and in expiation for her former life and second marriage, which had now become a sin to her, she made public confession.

From now on her life changed. Of her energy, which was boundless, and her wealth, which was fabulous, she freely gave, and threw herself whole-heartedly into a life of self-renunciation and service to others.

In 390 A.D. Fabiola built a general public hospital at Rome: the first of its kind; a place for the sick as distinguished from objects of charity, who were simply poor, which Jerome calls "nosocomium." Here she gathered together all the sick she could find and devoted herself to working as a nurse among her patients, treating the diseased, maimed and wasted bodies with the utmost care and tenderness, never even flinching from hard and dreadful tasks, self-imposed though they were. It is said that "the poor who were well envied those who were sick."

But Fabiola's interest did not stop here. She supported many monasteries and institutions for the sick and the poor. Jerome says in his writings, "Was there a monastery which was not supported by Fabiola's wealth? Was there a naked or bed-ridden person who was not clothed in garments supplied by her? Was there ever anyone in want to whom she failed to give?"

Fabiola's friend Paula, also a Roman matron converted to Christianity, and her son-in-law, Pammachius, were deeply interested in hospitals, and together with Fabiola undertook the founding of an immense shelter for pilgrims and strangers at Porto.

She also went to Bethlehem at Marcella's request about 394 A.D. to stay with Paula, who had built and endowed a large monastery for men, over which Jerome presided. But a threatened invasion by the Huns shortened her visit. Paula never saw her again, for on December 27th, 399 A.D., Fabiola passed from this life: gone, it is true, but not forgotten, for there were many thousands of living memorials to testify to the life she had lived and the good she had done.

XV

FABIOLA

By NETTIE DOUGLAS FIDLER,
Toronto, Ont.

The pagan religion had taught that sickness and poverty, disease and death, were abhorrent to the gods. In the new Christianity illness and distress became very important, as providing an expression for faith and service. All members of the Church joined in the new activity, and institutions of all kinds began to spring up for the care of the afflicted poor: among these, many hospitals. In the administration of these many men and women found their opportunity for self-expression, as well as for the practical application of their faith. It is at this time that the history of nursing as distinct from that of medicine begins.

Among the most powerful forces in advancing this work was a group of patrician Roman women, about fifteen in all, who formed a sort of informal association around Jerome, and devoted their great wealth entirely to the founding of charitable institutions of all kinds, and particularly to the advancement of nursing. Of all these, the one who perhaps exerted the greatest influence on her time and succeeding generations was Fabiola.

Fabiola, a member of the Fabian family, was a woman of great beauty and intellectual power. When very young she was married to a man of such vicious habits that she was forced to divorce him, and, contrary

to the laws of the Church, entered on a second marriage before his death. This for a time cut her off from the Church and from her friends. After the death of her second husband, on the day before Easter, she came with the other penitents to the porch of the Lateran Basilica, and there, with bare head and feet, with rent garments and disfigured face, casting away her jewels, she did public penance for her sin. After this she was received again into the communion of the Church. From then on she renounced all that the world had to offer, sold all her possessions, and determined to devote the huge sums thus realized entirely to the sick and poor.

At first she received patients in her own house, nursing them herself. Later, in 390 A.D., she erected the first general public hospital in Rome. So well was this administered, and so excellent was the nursing, that Jerome says the poor wished to be sick that they might come under her care. He describes how tenderly they were nursed, and how she "revived the dying with small frequent portions of nourishment." It is interesting to note that the hospital had in connection with it a convalescent home in the country. In addition to founding the hospital she gave large sums to the churches and monasteries at Rome and in the neighbouring islands.

In 395 A.D., Fabiola made a pilgrimage to Bethlehem, where she lived in the hospital of Paula and devoted herself to a study of the Scriptures, in which she became very learned. Jerome was her teacher, and she seems to have been a stimulating pupil, as it was in answer to her inquiries that Jerome wrote two treatises: one on the priestly dress, and the other on the stations of the Israelites in the wilderness.

But Fabiola did not stay long in Bethlehem. As a matter of fact, she liked to be surrounded by a crowd, and after a year she decided to return to Rome.

A short time after her return she wrote asking Jerome if a woman who had accepted a second husband while her first was living could communicate without doing penance. Jerome gathered from this that Fabiola had some thought of a third marriage and did not wish to repeat her public penance. He answered her cautiously, but decidedly in the negative. With this Fabiola decided to be satisfied and finally gave up the last of her earthly desires.

The last three years of her life were very busy. She continued to pour out her wealth on good works, and with Pammachius, a former senator, she established a great hospice for pilgrims coming to Rome, at Porto, the port of Rome. It was so successful that its fame spread all over the eastern civilized world, and north to Gaul and Britain.

She died in 399 A.D. The veneration and gratitude of the people were such that the streets of Rome could hardly contain the multitude who followed her to the grave.

The life of Fabiola is typical, with slight personal exceptions, of that of all the brilliant band of noble Roman matrons who by their great ability and wealth and single-hearted devotion firmly established nursing as a vocation.

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(To be continued.)

Registered Nurses Association of Nova Scotia

By CATHERINE M. GRAHAM

The Graduate Nurses Association of Nova Scotia, now the Registered Nurses Association of Nova Scotia, was brought into being in the year 1909.

The leading graduates of the province had felt the need for organization for some time previous to this, owing to what one might term a variety of circumstances and happenings which were handicapping the professional nurse of Nova Scotia and subjecting her to unjust and unequal competition: Nurses graduated from some small special hospital in another country, or receiving a diploma as a reward for taking a correspondence course in nursing, or discharged probationers from local hospitals. All these might, and frequently did, enjoy the same privileges as those "of the household" of properly qualified, accredited graduates. Untrained and uncertified persons could, and did, institute and conduct Nursing Homes, and "there was none to say them nay," although the lack of knowledge on the part of these self-styled trained nurses, and absence of ethics in operating these homes, was very apparent.

These and similar incidents were recognized by the graduates as a great and growing menace to the public, injurious to the training schools, and detrimental to their own professional standing. "How shall we combat this evil?" they asked one another. "Organize!" was the answer.

A preliminary meeting was held in April, 1909, with eleven members present, and in May the first monthly meeting was called and a tentative list of officers appointed to carry on until September, when a slate was prepared and regularly voted upon. Miss E. M. Pemberton, who, beginning with those early days down to the present time has ever been an enthusiastic, loyal member, was appointed president and graciously consented to act until September when, to use her words, "a Nova Scotian should be elected." Miss Kirke was elected secretary, and Miss Deacon (for a short while) treasurer; Miss McKeil then taking this office.

September was chosen as the month most likely to bring the largest number of nurses together, it being the time when the provincial exhibition was held in Halifax, thus ensuring special transportation rates and other inducements. About twenty nurses registered at the first provincial meeting, at which Miss Pemberton presided. It was marked by enthusiasm and splendid addresses from leading medical men of the day.

To Mrs. W. D. Forrest, formerly Miss Frances Thomas, a graduate of the Victoria General Hospital, and at one time superintendent of the Victorian Order of Nurses of Halifax, goes the honour of being elected the first president of the Association. It means a great deal to any association or society to be capably led, and the Graduate Nurses Association of Nova Scotia was signally happy in its first president. Interested, enthusiastic, gracious and kindly, Mrs. Forrest made an ideal presiding officer, and the Association owes her much. Other officers elected were: First vice-president, Miss Sheraton; second vice-president, Miss Bertha Elliott; third vice-president, Miss Sampson; local vice-president, Miss Pemberton; treasurer, Miss McKeil; recording secretary, Miss Kirke; corresponding secretary, Miss Pemberton.

In this way the Association was launched, and its objects outlined to the assembled members as follows: To afford protection to graduate nurses, and to assist in the maintenance of their honour and status. Registration was referred to by Miss Pemberton as "most desirable to be secured in this province." Candi-

dates for membership in the Association must be certified graduate nurses of a recognized training school.

The next year, 1910, found the Association had indeed made progress. Early difficulty in determining the questions of standard and membership qualifications having presented themselves, legal advice was obtained, which resulted in an Act of Incorporation (April, 1910) and the framing of by-laws. This Act was referred to at the time as an ideal constitution, being broad enough to provide for every graduate nurse in the province, by virtue of her qualification or by examination.

The services of Mr. Hector MacInnes, K.C., were generously placed at the disposal of the Association in securing the passage of this Act. Mr. MacInnes is very well known throughout the Dominion and has been the guide, philosopher and friend of the Association from those early days to the happy day when registration was an accomplished fact, and since. No history of the Association would be complete without an acknowledgment of the legal services cheerfully given at all times.

The control of the register for private nurses, which the Association soon acquired and still maintains, was another forward step and meant so much to the nurse, the patient and the public. The names of sixteen graduates were published on the first list of the Association Register. Five years later the number had increased to seventy. This register was maintained at Resthaven, a private hospital conducted by Miss Pemberton, to whose great interest the success and efficiency of the register were due.

It was reported at the first annual meeting in September, 1910, that sixty members were on the roll, an increase of twenty-seven during the year. Mrs. Forrest was elected honorary president at this meeting in recognition of her splendid leadership of the year. In her decision to retire from the office of president, owing to urgent private duties, the Association regretfully acquiesced. Other officers elected were: Local vice-president, Miss Frances Fraser; provincial vice-presidents: first, Miss Sheraton; second, Miss Sampson; third, Miss Kirkpatrick; treasurer, Miss McKeil; secretary, Miss Kirke.

These same officers were re-elected in 1911, which is memorable for the appointment of an examining board, made necessary by the Act of Incorporation. This first board consisted of Dr. K. A. MacKenzie, representative of the Nova Scotia Medical Society; Dr. M. A. Curry, medical representative of the Nurses Association; Miss Pope, matron, Military Station Hospital; and Miss Frances Fraser, superintendent, Halifax Children's Hospital. Graduates from hospitals of less than thirty beds, previously ineligible, were now admitted to the Association, conditional on their passing the examinations set by this board.

September, 1912.—At this time, one hundred and fourteen members were enrolled. A Sick Benefit Fund had been organized during the year. Registration began to engage the attention of the members. In her annual address the president stressed the importance of provincial registration. A report on this subject was presented by Miss MacKenzie, who had been appointed convener of the registration committee. The same officers were re-elected.

1913.—One hundred and twenty-eight names on the roll testified to a steadily growing membership, and affiliation with the Canadian National Association of Trained Nurses spoke eloquently of progress. This affiliation was accomplished at the National Convention held in Berlin, Ontario, May, 1913. The Association extended an invitation to the National organization and to the Canadian Society of Superintendents of Training Schools to hold their next meetings (1914) in Halifax. This was accepted. The provincial meeting was made interesting by the presence of Mrs. W. E.

Struthers, a pioneer in the field of school nursing. Later Mrs. Struthers addressed a public meeting, under the auspices of the Association, on The Economic Value of the School Nurse to the Community. The meeting was presided over by Mayor Bligh and attended by many prominent citizens who advocated the appointment of school nurses to the schools of the city.

1914.—A memorable year in the Association, since it marked the membership barometer as steadily "rising:" one hundred and sixty-one names being now on the roll; the successful holding of the National Convention, in June, at which the Nova Scotia Association was hostess to the Canadian National Association and the Canadian Society of Superintendents of Training Schools. In an effort to make the social side of the convention a pleasant one, the Association was ably and generously backed by many prominent women in the city, who opened their homes and entertained lavishly for our guests. And last, but certainly not least, came the declaration of war which was to mean so much to the whole nursing service of Canada. In that time of stress and trial the Nova Scotia Graduate Nurses Association (looking back) feels it contributed its "bit." The Association was looked to by the military authorities to censor and safeguard, as it were, the professional status of those nurses applying for military service.

At this meeting the subject of public health nursing and social service was introduced for the first time when a letter was received from the National Association asking that a representative from Nova Scotia be appointed to a recently formed standing committee on public health nursing and social welfare. Honorary president, Mrs. W. D. Forrest; president, Miss Kirke; local vice-president, Miss Pope; provincial vice-presidents: first, Miss Sheraton; second, Miss Sampson; third, Miss Kirkpatrick; secretary, Miss Pemberton; treasurer, Miss Frances Fraser.

1915—Was marked by the departure from the city of Miss Kirke, a decided loss to the Association. Many instances might be recorded of the progress made by the Association under Miss Kirke's able leadership, and while a passing reference is all that is possible in an article of this nature, nevertheless her name is "writ large" in the early history of the Association. Twenty-seven members at this time were doing military duty, and their absence was severely felt in the usual avenues where in times of peace they practised their profession. Mrs. W. D. Forrest in the chair.

This year also marked the raising of the standard of admission of graduates from thirty-bed hospitals to that of fifty-bed hospitals.

1916.—This meeting was held in Truro, the home of the vice-president, Miss Kirkpatrick; Mrs. W. D. Forrest presiding. Two hundred and twenty members were now enrolled with the Association, of which seventy-six at this time were on military duty. Mrs. W. D. Forrest was re-elected president at this meeting, the other officers being as follows: Local vice-president, Miss K. Graham; secretary, Mrs. C. B. Bligh; treasurer, Mrs. J. Doyle; provincial vice-presidents: first, Miss Sheraton; second, Miss Kirkpatrick; third, Miss Watson.

1917.—Mrs. Forrest presiding. Registration and its attendant difficulties was very much to the fore at this time, and the sick benefit fund was rather disappointing to the pioneers of the fund. Although in a healthy state and having already paid several claims, the fund was not being taken advantage of by the members, only a small percentage having joined. These and other important subjects were discussed. Affiliation with the Local Council of Women was effected about this time. The franchise for the women of Nova Scotia was "in the air." The Canadian Nurse, the national nursing magazine, also came in for consider-

ation. The first banquet took place this year, held at the Halifax Hotel, and had a decided military flavour, many nursing sisters being present. A pleasing incident of this dinner was the presentation of a basket of flowers and a ring to the retiring president, Mrs. W. D. Forrest, being a tangible token of the appreciation felt by all for her untiring services.

It is a sad reminder of the vicissitudes of daily life when we turn from the banquet table spoken of above to the contemplation of the terrible disaster occurring in Halifax on December 6th, 1917, and referred to ever since as "the Great Explosion." The Association was fortunate in the fact that despite the appalling loss of life their members survived. This tragic incident brought the war very close to our doors, and it also served to illustrate the fact that present day nurses were as ready to spend themselves and be spent in the cause of suffering humanity as at any time in the past.

We pass hurriedly over the ensuing years with merely a glance at the outstanding features. 1918—immortalized forever as the year of the Armistice, when war with all its horrors gave place to the shining Angel of Peace. Although our hearts were saddened by the gaps in our ranks the members set themselves resolutely to work for a Memorial that should do honour to those nurses who had given life itself in the cause of their country.

1919.—Mrs. W. J. Doyle, now Mrs. E. V. Hogan, occupied the presidential chair at this time, and the meetings began to shadow forth the growing interest in the subject of public health and child welfare work. Halifax boasted now two school nurses—Miss Winifred Read and Miss Richardson, with a family of nine thousand children to care for. To Miss Read must be given the credit of introducing the first Nutrition Class in Nova Scotia.

1920—Marked the inauguration of a public health course for nurses at Dalhousie University. A goodly number of the members availed themselves of this opportunity and have been engaged in this work since their graduation.

1921.—Mrs. H. R. McLarren presiding. This year found the committee on registration very busy meeting the representatives of the government on this important question. Progress was slow but sure, many obstacles arising and much discussion on related matters using up valuable time.

1922.—The Association was asked to contribute to the National Memorial Fund. Misses K. MacLatchy (convener), Hayden, MacKenzie, Hubley and Graham were appointed a committee to deal with this important matter. November, 1922, saw the realization of the members' hopes for a suitable memorial to the Nova Scotia nursing sisters who had yielded up their lives. A beautiful plaque was unveiled in the Children's Hospital by Dr. Margaret Macdonald, signifying that the cot beneath had been endowed for all time in their honour and to their memory. The former matron-in-chief came especially to Halifax to perform the ceremony of unveiling, and Lieutenant-Governor Grant and Mrs. Grant honoured the occasion by their presence, the Governor making a eulogistic speech replete with feeling. The plaque bears the inscription—"In loving memory of the Nursing Sisters, who gave their lives in the Great War, 1914-1918." This cot endowed with two thousand dollars, will perform a useful service to sick children as long as time endures.

Special meeting re registration: Matters were not going well in this connection. Bitter opposition developed in several quarters and the efforts of the committee were badly hampered. In opposition to the Bill, it was stated that it would discriminate against past graduates in its present form. In regard to approved training schools, the Association was gratified to learn that the course at the Nova Scotia Hospital had been

extended to two years and six months, and in the near future would be affiliated with a Montreal hospital. A great storm centre was the question of increasing the number of beds from thirty to fifty. The opponents of the Bill were rapidly moving in the direction of a twenty-bed hospital, and the nurses themselves became divided on this question, many feeling that registration in any form was preferable to none, and others strenuously objecting to any lowering of standards. Finally, a decision was reached that the fifty-bed hospital be the standard, the twenty-five-bed hospital being eligible, providing there was a six-months' affiliation with a larger hospital. In this form the Bill was passed on April 29th, 1922.

Immediately upon the Bill becoming law, one of the most important committees ever formed in the Association was elected to put into effect the power given the nurses by this Act. This was called the By-laws Committee, with Mrs. C. B. Bligh as convener, and twenty members, including the superintendents of all recognized hospitals. This committee did a lot of hard work one entire winter, meeting fortnightly for this purpose at the Halifax Infirmary, which had been courteously placed at the disposal of the committee by Sister Anna Seton, herself a member of the committee. Local branches were established in three sections — Halifax, Antigonish and Cape Breton, and a vast amount of other work accomplished in carrying into effect the provisions of the Act. Mrs. C. B. Bligh, as convener, carried a large share of the load, and Miss Margaret MacKenzie did yeoman service as a member of a sub-committee in organization work.

1923.—The summer of 1923 saw the opening of an office in the Eastern Trust Building, and the appointment of a registrar to take care of the new responsibilities which devolved upon the Association with the securing of registration. Miss Flora Fraser, registrar, is admirably discharging these duties, one of the first of which was the issuing of registration certificates. It was decided that "Number One" should be given to Miss Pemberton, the first acting president.

1926.—The Registration Act, having now been in force four years, it was evident that some changes were necessary to make it more efficient. Therefore, various amendments were submitted by the Association and approved by the legislature, chief of which were:

(a) changing of the former name of the Association to that of Registered Nurses Association of Nova Scotia;

(b) the adjusting of the male nurses' course to render them eligible for admission;

(c) the widening of the scope of the Act so that it is no longer obligatory for nurses to reside in Nova Scotia.

This, then, is the history, imperfectly told, of the Association. It is a far cry from those early unorganized days to the present, when, looking over our own province, and then beyond, to the sister provinces of the Dominion, we note the many forward strides our profession has taken. University courses, refresher courses (one having been given by Dalhousie in 1927), and many other opportunities await the nurse of today. Public health nursing in many aspects to those who desire a wider field than either the hospital or sick room affords. In the broader privileges of the present it is well to pause and with a glance backward, render tribute to those of our number who have "borne the burden of the day and the heat." They have blazed the trail; they have accomplished things; and as we render them due meed of praise, let us not forget that the unspoken challenge in their eyes reminds us that there is much yet to be done. Let it not be necessary to ask of us "Are you drifting or rowing?" ever remembering, though obstacles confront us, "every day is a new beginning; every morn is the world made new."

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Advantages and Disadvantages of Standardising Nursing Technique

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In order properly to estimate the advantages or disadvantages of any plan or purpose, certain definite things should be considered.

First: A statement of the plan itself should be made.

Second: Its ultimate purpose.

Third: The means by which the plan is to be carried out.

Fourth: After an understanding of these we should ask ourselves whether or not there is sufficient interest on the part of those concerned to make it worth while to continue working on the plan, and whether one's faith in it is such as to make it imperative to continue to work for its ultimate success.

We have been asked to set forth the advantages and the disadvantages of standardising nursing technique.

The subject is not a new one, but its actual study has been slow, and today we have advanced but little in our effort to secure definite knowledge upon which we may base conclusions.

If the subject is of real interest to the nursing and hospital world, why has more effort not been made to further its scientific study?

We are agreed that a certain amount of time is required for definite nursing procedures; we know that much valuable time is lost for actual nursing service, in every part of the hospital organization, because of extraneous duties for the nurses.

Why then do these things, that ought not be to be, continue to take the place of things that ought to be?

In order to place before ourselves a definite picture, may we not approach the subject as people studying methods of scientific management have approached their problems in the business world? To be sure, the analogy can apply only to a limited degree.

In 1911 Mr. Taylor tried to point out to the public something of the great loss which the whole country was sustaining through inefficiency in almost all our daily acts. He next had to convince the public that the remedy for this inefficiency lies in systematic management rather than in searching for some unusual or extraordinary person to perform the work. Third, he tried to make them understand that the best management is truly scientific, resting upon a foundation of clearly defined laws, rules and principles. Further, he sought to show that these fundamental principles of scientific management are applicable to all kinds of human activities, from our simplest individual acts to the work of our great corporations, which call for the most elaborate co-operation.

The principles put forth by him were such as could be applied to home and business alike, to professional and non-professional undertakings. The first great principle was that scientific management or standardisation would bring about the greatest well-being for all concerned. This applied to the work in

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our own field would mean that we ought no longer to perform our duties according to the rule of thumb of former days. Some one will remind us that long ago we began to standardise our equipment and methods of procedure. True, but have we studied the actual results of our methods to be sure that they are producing a maximum of "well-being" to all concerned?

Let us stop here to impress upon our minds the meaning of the term "well-being" as it will be interpreted in this paper. We refer to the physical, professional, economic and spiritual values of the patient, the hospital, the student and the organisation.

To consider the problem scientifically we should make an analysis of our procedures. This requires a statement of all the details of the work that would in any way influence its performance.

We have spent such time gaining, through supervision, a knowledge of the individual worker, but the things or conditions extraneous to the work and to the worker are of great importance in our field of endeavour.

In order scientifically to standardise our work we must analyse it as stated above. Such an analysis would call for properly qualified persons to perform the task. They would concern themselves with the following details, the first being the selection of the proper student material for the school. This is already being done by the faculty of the school, but it would be interesting to know really whether the individual candidate is chosen because she possesses special characteristics that qualify her for the profession, or whether the choice is based upon certain definite requirements, such as preliminary educational standards, a health certificate, and letters as to personal character. Those of us in the nursing world realise, of course, that these latter points do not really determine the fitness of an individual for the work she is to do. However, this is the starting point, the selection of candidates possessing minimum qualifications necessary for the performance of the duties required. Having selected the student personnel, we must conserve their health, so that the next step of the analyst will be to determine whether the conditions surrounding the worker are such as reasonably to do this.

The foregoing may seem to the uninitiated a superfluous statement in relation to the hospital world, but we believe that among the disadvantages of standardization are certain physical conditions in the hospital which lead to the nurses being off duty for physical reasons for too many days.

Our next step would be to determine the best methods of work. As previously stated, some time studies have been made and certain techniques have been standardized, but have we made a sufficient study of these to be scientifically sure that they are the best? We have all had the experience of going into our wards and observing some procedure that has been standardized, and we have frankly wondered whether it has resulted in economy of time or of energy, and whether it has really given the greatest possible comfort to the patient. This brings us to another principle of standardisation, namely, that nothing is final. Past study resulting in important findings does not preclude further study of the same subject. In other words, standardisation is a means of growth, if regarded rightly.

All methods must be understood and adequate outlines must be provided, otherwise there can be no real standardisation. Here one would recommend the increased use of case records, practice sheets, etc. One of our greatest problems is to determine just how much nursing care a patient requires in a day, just how much service it is possible for a nurse to render. Like many of our definite statements we have been prone to state our requirements in

terms of mathematical precision—1.4 or 1.10, etc.

In a scientific study we must determine much more accurately than ever before the definition of a fair day's activity, measured first in terms of adequate service to patients, cost of such service, amount of time wasted, and the amount of such service needed in the education of the nurse.

We have seen that the value of an analysis of our work consists in the selection of student personnel, safeguarding health, improving methods of service, stating in a well-defined way our ideals of work, and determining how much service can be rendered by one nurse. How then must we proceed in the task of analysing our work?

If it is to be of value it must be of scientific value: there must be system. The study must extend over a long period of time; the method of study must be orderly. Much has been done in the business world along this line, and some study has been made in the nursing world, but nothing extensive or complete. Such a study should be made by a person trained in methods of observation and measurement, and would require a sympathetic understanding from all those with whom he will come in contact. This brings us to the next great important principle of standardisation: that of harmony and co-operation.

The people responsible for the administration, the person to perform the work, and those to be benefitted by it, and those who must pay for it, should all work intelligently and sympathetically with the scientific student of the problem. The student of the problem should not only be well qualified scientifically for the work, but should possess such personal qualities as would enable him to get on with people easily.

Having secured the proper person or persons to study our standardisation of nursing, the work itself would be studied from the standpoint of every type of service rendered and its relation to other work; the equipment necessary for doing the work, the means of securing an adequate amount of equipment and the means of providing for the details of its maintenance and care. Further, we must study the detailed performance of the work, to determine whether the actual technique, as expressed in motion and time, is adequate, economic and efficient. Records must be kept and studied.

In the school of nursing the education of the student must be considered and all factors relating to it, including effect of the work upon the person doing it.

And last, but not least, the relation of all of this to the patient and to the hospital must be considered.

The foregoing is a brief statement of the plan for studying scientifically the standardisation of nursing or of any other form of activity.

The ultimate purpose of the plan would be to increase efficiency in the hospital from the standpoint of organisation, growth, and development in better methods of service, economy in the use of time and material, and increased intelligence in actual knowledge of what really is being accomplished in the hospital in the care of the patient, the education of the nurse, and service to the public.

To those rendering the service would be given accurate knowledge, first of the work itself and the conditions under which the work would be improved. The student would be inspired to more efficient service, because her nursing service would not continually be interfered with by surrounding conditions such as materials, equipment, unrelated duties to be performed, etc.

The patient would be more suitably cared for, so that his number of days in the hospital would be shortened.

His mental attitude would be improved, because his economic burden would be lightened and his confidence in the service rendered would

be increased. If the nursing technique is adequately judged it will result in the improved care and comfort of the patient, for it will be simple and adequate.

We do not believe any of our hearers will disagree with us as to the plan or its purpose, but the problem confronting all of us is that presented by our next point.

By what means may this study be accomplished? In the past we have made some feeble efforts within our institutions, using the personnel available for such study as has been made. We have in our educational centres given to our students projects to be worked out in relation to this problem. But we have never had the financial means to provide scientifically trained persons to make a complete study, and in almost all hospitals we have been unable to provide suitable and adequate conditions or a sufficiently large personnel to make such a study. If the plan is to be carried out, the only means that can be thought of at present are that the executives and boards of managers be brought to realise the inherent possibilities in such a study and the need for it in the hospital world. When they realise this need intellectually and emotionally they will secure the necessary funds to satisfy it, just as they would make any important purchase for the institution.

Our next point is that of interest on the part of hospital and school executives, the teachers, the students, the patients or the public. Can it be secured? These groups will be interested if they are mutually responsible for the conduct of the study and if the results are satisfactory in their relation to the effective carrying out of the varied purposes of the different groups.

The fifth question we should ask ourselves is whether our own faith in the plan is of such nature as to make it imperative for us to continue our efforts in spite of obstacles. If we base our answer to this fifth point upon the principles of nursing, demonstrated by our study of the growth of our profession, there will be no doubt but that our reply would be in the affirmative.

In the light of the preceding statements we are prepared to state that the advantages of the standardising of nursing technique are to be found in improved student personnel, greater care in developing conditions of working and living, greater stress upon improvement of methods, such improvements to be based upon scientific study of detail, better organisation and administration in the institution (because of more clearly defined ideals and more adequate records), additional service rendered by the development of every individual to give his greatest amount of service.

To achieve the above advantages there must be harmony and co-operation among individuals in their relation one to the other. If standardisation is introduced into the nursing world such advantages will be realised, and the patients, hospital and nursing personnel will appreciate their value.

The disadvantages of standardisation in the hospital world are very real.

First: Its limitations.

Second: The danger to the patient in forgetting the principle of individualizing.

Third: The reaction of the nurse in her relation to the patient.

Fourth: The danger of introducing commercialism into professional service.

Referring to its limitations: Standardisation must not be used when it interferes with the best interests of the patient, either physically, mentally or spiritually; nor must it be used when by so doing it interferes with the well-being of the nurse. Scientific care of patients necessitates the intelligent study of the patient from the standpoint of his mental and physical reactions, as well as that of scientifically correct

laboratory methods. Standardised technique must not be considered at this time if some other method will bring a better response. If all patients are to have the best nursing care the reaction of the nurse must be considered. She must use her standardised methods only in so far as they do not interfere with her best interpretation of her patient's needs.

To repeat, the nursing world differs from the commercial world in that its personnel is dealing—not alone with methods, material and time—but with the mental, physical and spiritual reactions of human beings.

We would end this paper by stating that we believe the advantages of standardisation to be great. We would urge that greater effort be made to study our nursing methods now in use and to develop more and better ones. There is a great need for such study to be made and we believe that the patient, the hospital and the nurse would all be benefitted as a result of it.

We would, however, strongly urge that while such studies are being made we do not forget to consider the reactions upon the patient and upon the nurse. We should study both; learning to standardise methods but not the individual, neither the patient or the nurse; and that we apply our standardised methods so as to develop scientific nursing in the most intelligent and professional spirit.

School for Graduate Nurses, McGill University

The announcement of the appointment of Miss Bertha Harmer, R.N., M.A., as Director of the School for Graduate Nurses at McGill University, Montreal, will be regarded with much interest in the nursing world and especially to the nurses of Canada. Miss Harmer is a graduate of the Toronto General Hospital and held the position of Instructor of Nurses and Supervisor in that hospital for some years. Like many Canadians Miss Harmer did post-graduate work at Teachers' College, Columbia University. She has also been Instructor of Nurses at St. Luke's Hospital, New York, and Assistant Professor of Nursing at the Yale School of Nursing, New Haven.

Miss Harmer is very widely known as the author of text-books used in many Canadian and American Schools of Nursing. These are "The Principles and Practice of Nursing" and "Methods and Principles of Teaching the Principles and Practice of Nursing." She is at present working on a second edition of the "Principles and Practice of Nursing." This edition is to be translated into French for use in the Schools of Nursing in France.

It is anticipated that many nurses will be interested in this opportunity to take post-graduate courses under the distinguished leadership of one so well qualified and so experienced in nursing education.

Biennial Meeting, 1928

Rates for hotels easily accessible to convention headquarters are:

The Fort Garry:			
Room without bath, 1 person	$3.00	Room with bath, 1 person	$4.50
Room without bath, 2 persons	5.00	Room with bath, 2 persons	6.00
Royal Alexandra:			
Room without bath, 1 person	$3.00	Room with bath, 1 person	$4.50
Room without bath, 2 persons	5.00	Room with bath, 2 persons	6.00
The Marlborough:			
Room without bath, 1 person	$2.00 up	Room with bath, 1 person	$3.00 up
Room without bath, 2 persons	3.50 up	Room with bath, 2 persons	5.00 up

Reservations should be made at an early date to assure delegates of comfortable accommodation.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AGNES JAMIESON, 1230 Bishop St., Montreal, P.Q.

Problems of the Private Duty Nurse

By MISS AGNES JAMIESON, Montreal.

What the private duty nurse stands for:

1. She stands for the end product of our schools of nursing.
2. She stands for the highest representation in the nursing field.
3. She stands for the greater supply in time of epidemics.
4. She stands for our national defence.
5. She must stand as one who has learned to look on nature, not as in thoughtless youth, but hearing oftentimes the still, sad music of humanity.

It is she who is engaged in the soul of nursing: the Florence Nightingales of the profession. She is the general practitioner in the nursing profession. She knows how to do everything. She is present at the two greatest of God's mysteries—birth and death; to minister to the needs of the new-born—an unbounded joy—and to the needs of the dying, one of her gravest duties.

The private duty nurse should be, and often is, the best informed woman in the profession. She shares the life, thoughts and conversation, and becomes a member of the family. With every change of patient is brought on a new set of adjustments and in the first day or two on each case must be developed a personality: a difficult trial for the nurse. The family decide in the first few hours whether she is clever or stupid.

Very often the problems are largely a matter of ethics rather than skill or good nursing technique. So look to schools to study the whole question of ethics, and instill in students that they must realize their responsibilities in personal obligation. A general private duty nurse needs good preparation and great courage, for it is she who gives the impression of nursing to the public: especially in homes, and therefore is the most important of the nursing group. Often it is the kind of **woman** rather than the kind of **nursing** that counts.

The private duty nurse should be a paragon of perfection, in the estimation of many people; and then falls to the criticism and interference of those around her. They forget that nurses are human and even require sleep as they do. But in spite of everything the nurse must, and usually does, her best to please all concerned. There is much to learn and unlearn before a nurse can be successful in the home, experience being the teacher.

On graduating the nurse enters on a new world; she is placed on her own resources and must develop self-confidence. The private duty nurse requires more particularly that education which can only be gained by long and painstaking training in the **art** rather than the **science** of nursing.

The illness of the patient is the most important thing in the world to the family and friends. The nurse will be asked one thousand and one questions: not only about disease, treatment and convalescence, but big questions of the day, so that she must be well-informed and up to date. It is well in the beginning to exhibit ease of manner by intelligent, light conversation.

Statistics tell us that 80 per cent. of all standard nurses are engaged

(Read at the annual meeting, A.R.N., P.Q.)

in private duty work, 12 per cent. in institutional, and 8 per cent. in public health work. It is therefore only reasonable to suppose that there will be more criticisms for the largest group, and especially from the public, with whom the nurses have the greatest contact. I venture to say that, on the whole, and in comparison with our sisters in institutional and public health groups, the private duty nurse individually is not more "talked about" than they.

We are accused of not developing leaders. There is no reason why we should not, for surely there must be potential leaders in so large a group, if they could only be recognized and called upon at times. We feel we are not given opportunities of leadership pertaining to affairs concerning our problems, etc. For instance, this subject was first given to an institutional nurse to present. After much criticism she gave it up and I was asked at the last minute: one who has had years of experience in private duty nursing and should see it from every angle.

The greatest grievance of the private duty nurse today is her long hours of duty. So little time to call her own. Take twelve-hour duty: actually fourteen hours from the time her alarm goes off in the morning until she arrives home at night, weary and ready for bed; day after day and week after week and sometimes month after month. No time for education, recreation or rest, or even time to follow up association and committee work in our profession, that we might become better organized. Then we are called non-progressive, wanting in public spirit.

Night work is still worse — for those who cannot sleep well in day time. There is not an animal in captivity putting in such hours. Yet there are superintendents and hospital officials who are still trying to hold us down to these hours, even when our patients are convalescent —enjoying a book or newspaper— not co-operating with us but laying down rules and regulations, etc., without any consultation with us: treating professional women as probationers.

The hospital owes twenty-four-hour nursing care to the patients, yet some are not willing to give them two hours in time of convalescence, even when there would be absolutely nothing to do.

Nursing is progressive, like all the arts. Nothing human is final, and the day is not far distant when we will come into our own. Twenty-four-hour duty should be abolished, except on increased fee, for if patients are not sick enough to have night nurses they are well enough to stay alone.

Doctors and hospitals complain that we won't take different duties. It is our loss: though in my opinion the younger graduates should try a little more night duty.

After all we are human beings and cannot be denied free choice in the development of our career. The spirit of specialism which dominates the world today inspires nurse as well as doctor. And why not?

We find however that the nurse who registers for either day or night duty often gets night duty continuously. She should be given some preference and called for a day case occasionally.

Now comes another problem of the private duty nurse: how to save money for her old age. She averages between eight and nine months of duty in the year, one month for unpaid duty to friends or relatives. In the latter case, if she was on a salary either in the profession or in business she would not be called on to do it. She is the only type of nurse whose time can be a real financial loss. It cannot be made up on the next patient, as in the case of the doctor. Over half of private duty nurses are supporting someone.

Cases are becoming shorter, due to advances in surgery, in art and

science: hence forced time off with short cases, also in illness and holidays, for which we often pay.

We realize that we are a luxury for any but the well to do and we cannot lower our fees. We realize also that there will always be seasons of slack times, and seasons of epidemics. These are unavoidable circumstances. We will always have discontented private duty nurses although, in a sense, leading an independent life.

If the private duty nurse has little hope for fortune she has less for advancement. The older, more experienced nurse does not graduate to higher fees, but remains at the same level in her group, except that she has a larger clientele: nursing in homes and other hospitals besides her own, she is kept more busy. Each nurse should be taking every opportunity to protect her declining years and inability to save, by good investment and insurance. Statistics tell us we are earning forty-one cents an hour for twelve hours, the rural school teacher eighty-one cents an hour, those teaching in cities and towns $1.00 an hour, labour sixty cents an hour, and tradesmen ninety cents to $1.25 an hour.

Now you will see why 88 per cent. of public health nurses and 74 per cent. of institutional nurses have left the private duty group for better hours and chance of advanced remuneration.

I think hours and fees should be standardized. I also think we should have legislation for registering all trained and untrained nurses in the provinces at regulated fees, to protect the public and registered nurse.

Next our problems with our registry: to find after several days waiting that our name has not been put on the register; two nurses arriving for one patient, for the same duty, the doctor and hospital each having called a nurse, or two staff nurses have done so—hospitals calling favourites while others remain on the top of the list. Nurses not called back to their hospital, after being allowed to graduate; fees for alcoholics not allowed for all patients diagnosed as such. Christmas holidays taken by special nurses is a problem much discussed. Sometimes poor food in hospitals and homes where we are called to nurse. Some homes do not plan to give night nurses dinner. These are other problems concerning private duty nursing.

The question of having a nurses' registry in the country is a problem, as nurses flock to the cities.

Hourly and group nursing is another problem.

All these problems I leave for the discussion of the round table on the Problems of the Private Duty Nurse.

(A request was made for copy of the round table discussion following the reading of the foregoing paper, but unfortunately this was not available. Constructive criticism by our readers suitable for publication will be appreciated. — Editor's note.)

TREASURE HUNTING

From time immemorial people have gone treasure hunting. Sometimes in remote places on the globe, sometimes in second-hand shops at home, sometimes in the bookstalls along the Seine in Paris, and other places queer and quaint. The members of the All-Canadian Party last year were no exception to this rule. Warwick witnessed the first hunt, when the delightful antique shops on the High Street sold many a wide old bracelet, ancient spoon, tiny print, or odd bit of silver. Stratford's jewellery shops yielded a lovely ring of beautiful setting to one of the party. In London such an out-of-the-way place as the Caledonian Market was found to be a mine of wonder for seekers of old spoons, tea sets and so on. Cluttered, dark-doorwayed shops on small and obscure streets spread treasures musty and lovely before these indefatigable hunters. One nurse carried her treasure in a huge crate, but her effort was well rewarded by the delight of her nephew in the full-rigged ship that she had purchased from an old sailor in Ostende. The queerly named Flea Market of Paris, the Brass Market of Ostende, the lace shops of Belgium, the pottery and picture shops of France, all these are caves and mines of treasure for those who know where to look. Join the All-Canadian Party this year and go on a treasure hunt, stimulating and exciting and full of interest.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

The Necessity of Pre-Natal Work

By MARGARET DUFFIELD, Superintendent, Victorian Order of Nurses, Greater Vancouver

Since reading many of the reports published by the Child Welfare Division of the Federal Department of Health, we are all again confronted with the problem of what can be done to reduce the excessive maternal mortality rate and, though not published, the morbidity rate, for this is surely nearly as serious as the mortality rate.

In a well considered plan to be made for the health of any community, whether congested or widely distributed, the principal motive no doubt should be to teach from the beginning of life, and this means months before the birth of the infant. Yet, this is one of the difficulties which at times appears almost insurmountable in the majority of districts due to the fear of interference from a third party and consequent losing of the patient to her legitimate physician, if such exists.

However, putting aside these objections, pre-natal hygiene is being slowly but surely developed, partly through widely dispersed clinics, partly through the doctors' offices where the patient now goes regularly to her private physician once or twice a month for supervision and advice, and greatly through the Public Health nurse who visits and advises all patients coming under her care regarding this important period of life for mother and infant. But though a beginning has been made, we are still only touching this very important phase of work. One look at the vital statistics of Canada for the years from 1921 to 1926 will prove this from their unchanging, if anything slightly increasing, maternal mortality rate per 1,000 living births. Recently it has been authoritively stated that we are losing more than four mothers every day and that maternal deaths are more numerous than deaths from any other cause except tuberculosis.

The importance of pre-natal supervision is not yet realized by the general public or even by many of the nurses. Competent pre-natal supervision by doctors and nurses would undoubtedly save many mothers and help to reduce the practically stationary still-birth rate. Such supervision can only become effective when the mothers themselves demand it and appreciate this necessity.

Let us now ask ourselves: What is the object of pre-natal work? The answer to this might be quoted from a famous obstetrician of England:

> "Pre-natal work has for its aim the great economic principle of the prevention of waste, for not only do we have to account for the waste of a life and perhaps two, but we also have to take into consideration the waste of time, energy, health and money which has been entailed during this period."

There may also be added to this economic wastefulness permanent harm to the mother's health, for though we all know the maternal mortality rate we have so far only a very slight glimmering of the morbidity resulting from childbirth. One obstetrician who has made a very intensive study of the morbidity rate resulting from the pre-natal and post-natal period has found that forty per cent. of the patients who attend his gynaecological clinic come because of

some post-parturient disease, usually only of a minor nature but at the same time sufficient to produce temporary if not permanent discomfort, or invalidism, or sterility. He says, very aptly, "The only thing that can compensate for the discomfort, expense and danger of childbirth is the birth of a healthy infant—this is the object of pre-natal care."

To understand the necessity for careful pre-natal care we must understand a little about the physiology of pregnancy. This really represents an adjustment of the various functions of the maternal organism which nature alters temporarily to be able to accommodate itself to the body which is growing and developing within. As this is only an emergency alteration on nature's part which disappears on the birth of the child, these changes must in the majority of patients cause some abnormal changes also. It is these symptoms and abnormalities which should be watched and which constitute one of the most valuable aspects of pre-natal care.

Some, and these are the vast majority, expect too much. One physician says:

> "They believe that by something magical, in treatment by drugs, diet, rest and general hygienic measures, almost every foetus doomed to death or disease may be made into a healthy infant. Others, who I am glad to say form a very small minority, are convinced that pre-natal care will do positive harm by saving the better dead. It is easy enough to refute such a crude opinion as this, but the fact that it exists should make us all the more careful to be equipped with the facts and figures in our advocacy of pre-natal work."

An ideal situation will be attained in pre-natal work when we have records kept on a standardized system at every large pre-natal clinic. This might well be insisted on by the Federal Department of Health. From the records of pregnancy, both for mother and baby, we should then be able to judge our success in the work.

A Travelling Fellowship

(Following Miss Ella J. Jamieson's return to Toronto she was asked to describe some of her experiences during her study under a Travelling Fellowship from the Rockefeller Foundation. Miss Jamieson is Associate Director of the School Nursing Service of Ontario and has forwarded the following interesting paper.—Editor's note.)

It certainly was a very much appreciated privilege to receive a Travelling Fellowship from the Rockefeller Foundation, and the courtesy and kindness received everywhere will always be a pleasant memory.

My objective was to gain knowledge as to the types and amount of health education being done in secondary as well as elementary schools.

In visiting centres in Tennessee, Alabama and Virginia, I found that their health work, in the main, was along the same lines as that of Ontario; problems not comparable to Ontario are—"the control of midwives" and "racial differences."

Health teaching in the schools of Alabama and Virginia is being done by the teachers. In Alabama the state board of health and department of education provide summer courses for the teachers in health education; Virginia makes the same

provision for its teachers but also provides a correspondence course for those unable to avail themselves of the summer course. In both of these states, teachers' certificates are not renewed unless the health course has been covered.

The Teachers' Training School at Peabody College, Nashville, Tennessee, provides training in health education for its students, a teacher-nurse being in charge of this part of the work. The school classes are used for demonstration.

It was a matter of keen interest to visit two of the schools for "colored" children, one at Birmingham, Alabama, and the other in Virginia, near Richmond, both staffed by "colored" teachers who were carrying on a regular school programme.

Virginia Randolph was the principal of the "colored" school in Virginia, and proved a most interesting personality. Standing on the porch of one of the newer school buildings, she pointed to a small frame building adjacent and said, "Thirty-seven years ago I started teaching in that little building. The ground about was stony and wet, but I managed to interest the people to have the ground made level; that being done, I asked for twelve trees. I could have had a whole hundred trees, but I wanted only twelve, and when I got them, I named them after the twelve Apostles. Later, when a new building was needed one of the trees had to be taken down, and it was Judas that had to go."

Today there stands continuation school buildings with dormitories and a fairly commodious elementary school where this small beginning was made. At the close of the visit the pupils of the school sang "Spirituelles," which made a happy ending to this interesting experience.

In a rural school of Alabama, which included continuation classes, I was shown a graph made by the pupils. It represented a survey of conditions in the school, indicating what was favourable and what unfavourable, and all together they were attempting to have the building and surroundings brought up to standard.

New York is a mecca for any one interested in nursing. To see Miss Mary Beard in her own office is a great pleasure; it would require more space than could be allowed to express my appreciation of her thoughtful attention. Here I had an opportunity to meet Miss Jane C. Allen, general director of the National Organization for Public Health Nursing, and her assistants. I also had the privilege of spending part of an evening with Miss Ada M. Carr, editor of The Public Health Nurse. Miss Carr was much interested to hear of the inauguration of the "Car Schools" in Northern Ontario and asked to have further information concerning them.

The East Harlem Community Health Nursing Centre and the School Health Bureau of the Metropolitan Life were also visited, and one of the very pleasant experiences was dinner at Henry Street Settlement and an opportunity to shake hands with Miss Lillian Wald.

Going on to Boston, Malden and Newton were visited in both of which the plans for health teaching were found helpful and interesting.

The Director of Public Health Nursing, Simmons' College, and the Forsythe Dental Infirmary were included with the various agencies visited in Boston.

It was an inspiration to come in contact with those who are directing and doing the different types of public health work.

The keen interest and purpose they brought to their own problems provided an incentive to carry on, courageously and hopefully, in the task particularly one's own.

Book Reviews

Gynecology For Nurses: Harry Sturgeon Crossen, M.D.; 281 pages, 365 engravings, including one colour plate. Price, $2.75. Canadian agents: McAinsh & Co., Toronto.

The outstanding feature of this volume lies in the arrangement and classification. Part I. deals with the Anatomy and physiology of the female pelvic organs, and Part II. with operative and nursing care. In this way it is simple, clear and comprehensive, and would be an asset to instructors in gynecology nursing.

The writer takes nothing for granted in the reader's knowledge of the subject, and his explanations of technical terms through the whole volume makes it particularly helpful to the young, interested student as well as the experienced worker.

In Part II. the author gives in detail the preparation of the operating and anaesthetic rooms.

It is essentially a nursing text book. The writer brings that point home by careful references to the patient during anaesthesia, preparation for examination.

It is profusely and carefully illustrated. Diagrams and plates are so arranged as to be of inestimable value as a text and reference book on gynecology.

—Grace M. Fairley.

Principles of Solution and Dosage, by Ann Blumenthal, R.N., educational director, training school, Pacific Hospital, Los Angeles; published by The Macmillans in Canada, Toronto. Price, $1.75.

This would be a very helpful text book for the average student, especially in the review of arithmetic and in those schools in which the proportion method is used for the solving of problems in the preparation of solutions. A reference book in conjunction with this would be necessary, however, for the study of the commoner disinfectants, antiseptics, etc., which are taken up in this course as a basis for the further study of Materia Medica and Therapeutics. —A. F. Lawrie.

Feeding the Child from Two to Six, by Mary Frances Hartly Barnes; published by The Macmillans in Canada, Toronto. Price, $2.75.

This is a splendid book. It is common sense simply and scientifically expressed. Children are like so much clay in the hands of their guardians. They are quite incapable of choosing what they shall eat, etc.—that naturally falls to the lot of those older and wiser than they. This duty too frequently is not realized. If the directions in this book were followed, pediatricians would have much less to do. Economy is the law of reason, and health is too precious a possession for anyone to part with. Miss Barnes and those who have worked to compile this book have done a tremendous service to blundering mankind. —E. Murray.

Foundations of Nutrition, by Mary Swartz Rose, Professor of Nutrition, Teachers' College. Published by The Macmillans in Canada, Toronto. Price, $3.00.

Mrs. Rose's book is admirably suited to the needs of the student of nutrition. It is more or less a supplement to the author's earlier work "Feeding the Family."

The aim is clear throughout, and as the reader continues each chapter seems a step nearer the goal, veritable building stones towards the end in view. They keynote of the sequence of the chapters is unity. Their order is very logical and hence gives a connected idea of the subject.

Mrs. Rose acquires emphasis not only with summaries in each chapter, but also by means of an excellent appendix.

The style is easy and free and the author catches and holds the attention of the reader. The subject matter is technical without being confusing, and the scientific terms are so well explained by every-day examples that even the most cursory reader could derive much information.

The book is of an ordinary size, not so big as to be cumbersome and yet large enough to allow a good sized, clear, round print. The illustration are many and are very clear. The graphs and charts are well explained and are interesting and instructive.

The references cited are very reliable. They include most of the scientific authorities on the subject. The knowledge is recent and embraces the latest nutritional investigations.

—Emma C. Odell, B.A., B.H.S.

Cultivating the Child's Appetite, by Charles Anderson Aldrich, M.D.; published by The Macmillans in Canada.

This book contains much useful information about the various factors which affect the child's appetite. In the opening chapters the author deals with the physiology of appetite and hunger. The greater part of the book is concerned with the psychological factors influencing the appetite and the practical application of these factors in the treatment of children suffering from lack of appetite. The author's views are generally quite conservative. The book is written in a lucid and entertaining manner and can be well recommended to the nurse, parent and physician. —F. Tisdall, M.D.

News Notes

ALBERTA

Calgary: Nearly 400 guests thronged Al Azhar Temple on the evening of February 14th, and enjoyed the Graduate Nurses' dance. Red and white decorations predominated and a good orchestra provided lively music. The reception committee included Miss Aske, Miss von Gruenegan, Miss Kelly and Miss McSkimming, while Miss Foerstel, Miss A. Casey and Mrs. Ramsey had charge of the refreshments.

Miss Palmer has accepted a position on the Brett Hospital staff, Banff.

Mrs. J. Bowlen is on the staff of the Indian Hospital, Sarcee Reserve.

Miss Effie Johnson has accepted a position in the Laboratory at the General Hospital.

Miss Yeo, who recently underwent an operation for appendicitis, has recovered satisfactorily.

Miss Tarrant, corresponding secretary, and Miss Lyndon, recording secretary of the Calgary Association of Graduate Nurses, have been ill for some weeks. Their many friends wish them a speedy recovery. They have been much missed in the Association.

Edmonton: Miss Doris Walker (Royal Alexandra Hospital, Edmonton) has accepted a position with the local branch of Victorian Order of Nurses.

As the date of graduation draws near social functions of various kinds are the order of the day. First of these was the dinner and dance given by the intermediate class of the Royal Alexandra Hospital in honour of the graduating seniors, in the Nurses' Home on February 17th. The table was artistically decorated with the colours of the school and arranged in the shape of a Maltese cross.

On March 3rd Mrs. H. R. Smith entertained the graduating class, the officers of the school and the doctors' wives at a most enjoyable At Home.

Miss Hazel Dean (1926) leaves shortly to take post-graduate work in obstetrics at the Royal Victoria Hospital, Montreal.

BRITISH COLUMBIA

At the recent examinations held in Vancouver for certificate of Registered Nurse, thirty-two candidates wrote full papers and two wrote supplementals.

The following names are given in order of merit:—

Honours (80% and over):—Miss M. G. Laird, Vancouver General Hospital.

First-Class (70-80%): — Miss M. W. Abbott, Nicola Valley General Hospital, Merritt, B.C.; Miss V. Swencisky, Vancouver General Hospital; Misses C. E. McAllister, C. L. Gibbard, K. Aberhart, G. Wade, L. A. Rogers, E. McClellan, A. N. Swift, I. M. Ildstad, P. Picron, E. Hillis.

Second-Class (60-70%): — Misses F. Jones, V. Gilley, M. Smithenry, M. S. Havens, R. Peel, M. Milligan.

Passed:—Misses D. Adams, M. Woolsey (equal), Misses V. Whitehurst, W. L. Sheepwash, E. McDonald, E. Dixon.

Passed Supplemental:—Miss A. F. May.

Passed with supplemental examinations to write:—Misses C. Hardie, A. Horner, R. E. Johnson, K. I. Kipp, F. Ruttan, F. Simpson.

Victoria: The annual meeting of the Victoria Graduate Nurses Association was held on February 7th. Reports were read and the work of the year reviewed by the various committees. The treasurer reported a balance in the bank when all bills were paid.

Miss Ethel Morrison retired from the presidency after seven years of very devoted service. In recognition of her service Miss Morrison was presented with a pair of dainty silver candle sticks and a bouquet of carnations by Miss Gregory-Allen, who, on behalf of the Association, expressed in a few well chosen words their appreciation of Miss Morrison's unfailing service, reviewing briefly the work that had been done during her regime.

The following officers were elected for 1928: President, Miss Edith Franks; first vice-president, Mrs. Thorpe; second vice-president, Miss Harriet O'Brien; treasurer, Miss Gregory-Allen; secretary, Miss Martha McBride; registrar, Miss Emily O'Brien; treasurer, sick benefit, Miss Meta Hodge.

Afterwards dainty refreshments were served and a pleasant hour spent in social intercourse.

MANITOBA

The joint annual meeting of the Manitoba Hospital Association and Manitoba Association of Graduate Nurses was held in the Royal Alexandra Hotel, January 26th-27th. This joint meeting was an innovation which justified itself, all meetings being well attended and full of interest. The M.A.G.N. felt both honoured and helped by the presence at this annual meeting of Miss Mary E. Gladwin, superintendent of St. Mary's Hospital, Minneapolis, Minn., and formerly supervisor of training schools for the State of Minnesota. It was Miss Gladwin's second visit and each time she has brought fresh inspiration and help. Her kind, genial manner as well as her talks made the meeting one of vital interest and importance.

Winnipeg General Hospital: Mrs. James Stewart (K. Rooney, 1911) gave a silver tea at her home, 484 Wellington Crescent, to the Alumnae members and their friends, in aid of the fund for maintaining a native nurse in India.

Miss Olive Coad (1910) has returned to Manitoba after a year spent in California and Vancouver.

Miss T. Anderson (1921), of Ninette, spent a holiday in the city during February.

Friends of Miss S. Pollexfen (1917) and of Miss O. Brown (1921) will be sorry to learn they are both patients in the hospital.

V.O.N.: Miss Frances Killen (Grace Maternity Hospital) is with the local branch.

Miss Isabelle Ramsay (Children's Hospital, Winnipeg) is doing relief work for the local branch of the Order.

Brandon: The February meeting of the Brandon G.N.A. was held at the home of Mrs. Renwick. Miss Christina Macleod gave a very comprehensive report of the M.A.G.N. convention held recently in Winnipeg. A reading and several instrumental numbers by Misses M. Finlayson and Dallas were much enjoyed.

On March 6th the nurses of the Brandon Hospital for Mental Diseases entertained the Association. Dr. George Davidson gave an instructive address on the problem of the drug addict. At the close of the business session a very pleasant social hour was spent.

St. Boniface Hospital: On February 29th His Honour Lieutenant-Governor Burrows officially opened the new Nurses' Residence. Others who took part in the ceremony were Archbishop Beliveau and Dr. E. W. Montgomery (Minister of Health for Manitoba), representing Premier Bracken, who was unable to attend. Dr. E. J. Boardman acted as chairman. The following afternoon the residence was open to the public and numbers of interested friends of the hospital and nurses availed themselves of this opportunity to visit the residence.

The new building provides space and modern equipment for the teaching of student nurses, as well as large, comfortably furnished reception and living rooms, dining rooms and individual bedrooms for the entire nursing staff.

NEW BRUNSWICK

St. John: At the regular meeting of the St. John Chapter of N.B.A.R.N., Dr. Chipman gave a very interesting lecture on Serious Conditions, following the business sessions. A hearty vote of thanks was tendered to Dr. Chipman. Refreshments were served and a social hour enjoyed. Attendance was good.

St. Stephen: The regular meeting of the St. Stephen branch of the R.N.A.N.B., held on February 23rd, was well attended. Dr. W. E. Gray gave an instructive address and demonstration on the Dick Test, after which a social hour was enjoyed. The pupil nurses were guests.

Chipman Memorial Hospital: Misses Gertrude Hughes and Jennie Sinclair are taking a post-graduate course at the New York Lying-in Hospital, and Miss Helen Boone is visiting friends in New York.

Miss Edna Harvey has returned from Ste. Agathe, P.Q., and is doing private duty nursing.

NOVA SCOTIA

Halifax: The annual meeting of the R.N.A.N.S. is to be held on June 5th, 1928, at Yarmouth, N.S.

At the regular meeting of the Halifax branch of the R.N.A.N.S. held at the Dalhousie Public Health Clinic on February 10th, Miss Elizabeth Smellie, chief superintendent of the V.O.N. of Canada, gave a very interesting report of the Interim Conference, I.C.N., Geneva, July, 1927. Following the meeting a social hour was enjoyed and refreshments served.

Miss M. F. Campbell, district superintendent of the Halifax branch, V.O.N., has returned from several months special study with the Rockefeller Institute in the United States.

Miss Alice Johnson is doing private duty nursing in Brookline, Mass.

The graduation exercises of the Halifax Infirmary were held on January 31st. Nurses receiving diplomas were: Misses Annie Ryan, Margaret Walsh, Margaret Corbett and Margaret Quinn.

Miss Lulu MacKintosh has succeeded Miss E. O. R. Brown as director of Red Cross Home Nursing Classes in Nova Scotia. Miss Brown has succeeded Miss Flora C. Liggett as director of Junior Red Cross of Nova Scotia.

Miss Marjorie E. Treffry, M.H.H., 1919, Dalhousie Public Health, 1922, for the past three years a member of the Massachusetts-Halifax Health Commission, has accepted the position of industrial nurse at Moir's Limited, Halifax.

Misses Lillian Stevens and Gladys MacCall, of Hantsport, graduates of the Corporation Hospital, Lowell, Mass., 1917, are at present doing private duty nursing at Homewood, Penn., and Lowell, Mass.

Yarmouth: Miss Margaret Merriam (Yarmouth Hospital) is in charge of the V.O.N. local branch.

ONTARIO

Paid-up subscriptions to The Canadian Nurse for Ontario in March were 1,314, an increase of 16 over previous month.

Appointments.

Miss Mabel MacMillan (Toronto Western Hospital, 1926), appointed instructor of Home Nursing Classes throughout Ontario, under the auspices of the Department of Agriculture.

Miss S. Jamieson (Jeffery Hale Hospital, Quebec), formerly instructress at the Brantford General Hospital, appointed superintendent at the Galt General Hospital.

Miss Mabel Blanchard (Toronto Western Hospital, 1927), as assistant operating room supervisor in Tarrytown Hospital, N.Y.

Miss Lucie Hummell (Cornwall General Hospital), to the staff at the Royal Ottawa Sanatorium, Ottawa.

Miss Gertrude Fleming (Hospital for Sick Children, Toronto, 1926), as superintendent of the Shriners' Hospital for Crippled Children, Springfield, Mass.

Miss Joan McLaren (Hospital for Sick Children, Toronto, 1927), as night supervisor, Halifax Children's Hospital.

Miss Violet Merritt (Ottawa Civic Hospital, 1927) and Miss Myrtle Anderson (Ottawa Civic Hospital, 1925), to the staff (floor duty) at the Royal Ottawa Sanatorium.

Miss Sybil Everitt (Ottawa Civic Hospital), to Cornwall District of the Victorian Order on completion of a special course of training in Montreal.

Miss Lily N. Gray (Montreal General Hospital) superintendent of the Belleville District of the Victorian Order.

Miss Edna Matheson (Queen Victoria Memorial Hospital, North Bay), superintendent of the Carleton Place District of the Victorian Order. Formerly with the Ottawa District.

Miss Eleanor McPherson (Toronto General Hospital, 1925), staff of the Rockefeller Hospital, New York.

Miss Anne Graham (Toronto General Hospital, 1927), charge of the maternity wing, General Hospital, Moose Jaw.

Miss Gladys Gould (Toronto General Hospital, 1927), staff of the Delaware Hospital, Wilmington, Delaware.

Miss Ruth Young (Toronto General Hospital, 1924), resigned from the staff of the Rockefeller Hospital and in charge of an operating room at the General Hospital, Rochester, N.Y.

Miss Gertrude Hill (Toronto General Hospital, 1927), staff of the Reconstruction Hospital, New York City.

Miss Marguerite Malone (Toronto General Hospital, 1926), charge of the first floor, Private Patients' Pavilion, succeeding Miss Mildred Armstrong, resigned.

DISTRICT 2

Brantford General Hospital: At the March meeting of the Alumnae Association Dr. Jennings gave a very interesting lecture on Physio-Therapy.

The Alumnae Association were hostesses to the members of the Florence Nightingale Association at the Nurses' Residence, General Hospital, when a most delightful evening was spent. Members of the programme committee were: Misses E. M. McKee, Jessie M. Wilson, K. Charnley, Dora Arnold and Aileen Mair. Bridge and euchre were played during the evening.

Kitchener: The February meeting of the Kitchener and Waterloo Nurses Associations was held at the Nurses' Residence of the Freeport Sanatorium, when a very interesting lecture was given by Miss A. M. Forrest, London, Ontario, on the nursing of tuberculosis.

DISTRICT 5

Toronto: Miss Claudia P. Eckert has resigned from the Department of Public Health in Toronto to be married. In April, 1927, Miss Eckert was elected chairman of the nurses' council of that department and has been released regretfully from that office by the public health nurses. Her department duties included hospital social service at the Chest Clinic of the Toronto General Hospital. Her last day on duty there was the occasion for a presentation by the clinic physicians and a bride's party arranged by the nurses of the Social Service Department of the Toronto General Hospital, to which the social service nurses from the Hospital for Sick Children were also invited.

Toronto Western Hospital: Miss Minnie Misner, 1910, has been awarded a Fellowship from the British College of Nursing, and will study public health work in England for three months. Miss Misner has been on the staff of the Ontario Provincial Health Department.

Miss Mary Ogilvie, 1918, has returned to Toronto from Thessalon, Ont., where she was in charge of a Red Cross Hospital for two and a half years.

On February 13th the Alumnae held a very successful bridge, the sum of $200 being realized.

Toronto General Hospital: The March meeting of the Alumnae was held in the Nurses' Residence on Wednesday, the seventh. Before discussion of the business of the meeting, Miss Jean Browne spoke of the great loss the nursing profession had suffered in the death of Baroness Mannerheim, after which the members paid tribute to her memory by observing two minutes' silence. The treasurer's report included a budget system for 1928, which was adopted. It will be interesting to note how the new plan will work out.

On February 27th Dr. A. H. Ralph gave a most interesting and instructive lecture on the thymus gland, in the medical lecture room of the hospital. The lecture was the first of a short series arranged by the programme committee.

On Friday, February 10th, the Association held a Valentine Dance in Jenkins' Art Galleries. Miss Kathleen Russell (president) was assisted in receiving the guests by Mesdames G. Howard Ferguson, E. A. Gray, C. J. Decker and Miss Gunn. The rooms were attractively decorated with the school colours, and red and white balloons. At nidnight supper was served at small tables effectively arranged with valentine favours. Jardine's Orchestra furnished the very excellent music.

Mrs. Florence Clark held a delightful At Home recently for Mrs. William Morrison (Winnifred Allen, 1922), of Listowel, which was largely attended by her many hospital friends.

Miss Dorothy Hopkins (1925), Department of School Hygiene, North Battleford, won first prize in the Essay contest recently arranged by the Local Council of Women, Regina. This contest was open to all nurses registered in Saskatchewan. The subject of the essay was Maternal Mortality.

Hospital for Sick Children: A very delightful Valentine Tea was given by the Alumnae on February 14th, in the reception room of the residence. The guests were received by Mrs. Langford, president, and Miss Panton, superintendent of the Training School. Tea was poured by Mrs. Clutterbuck from a table gay with candles and Valentine favours. Many graduates came and went during the afternoon, enjoying a chat with old friends.

The first lecture of the Alumnae series was held on March 5th, in the lecture theatre of the hospital and was largely attended by the members of the Alumnae and of the Public Health Course. The speakers of the evening were Dr. Dixon, who spoke on Skin Diseases; Dr. Wishart, on Lipidol as an aid to Diagnosis, and Dr. Tisdall, on Deficiency Diseases. These lectures were delivered by the aid of lantern slides and were especially interesting. The executive of the Alumnae is to be congratulated on the very excellent lectures which are to continue throughout March.

Miss Panton, superintendent of the Hospital for Sick Children, sails with her sister on April 5th for a trip abroad.

DISTRICT 6

Lindsay: Miss L. M. Morrison, former assistant superintendent of Belleville General Hospital, attended the opening drawing room and reception at Government House, Ottawa.

DISTRICT 7

Smith's Falls: The Graduate Nurses Association of Smith's Falls have adopted a twelve-hour day for special duty nurses in the local hospital, in co-operation with Miss McMillen, the superintendent of the Public Hospital. The proposal met with a certain amount of criticism and opposition but the nurses are well-pleased with the result of their efforts. In gratitude to Miss McMillen for her help and co-operation the Association raised funds, by means of small social events, for the purchase of an adult Chase Mannikin for presentation to the training school.

DISTRICT 8

The annual meeting of District No. 8 was held February 13th in the lecture room of the Royal Ottawa Sanatorium. Over two hundred nurses were in attendance, and evinced keen interest in the splendid programme arranged for the occasion.

All the officers were re-elected as follows: Chairman, Miss Gertrude Garvin; vice-chairman, Miss Gertrude Bennett; secretary-treasurer, Mrs. C. L. Devitt; councillors, Misses Maxwell, S. Nevins, Jackson, May, Whiting (Cornwall), and McGibbon.

Miss Bennett outlined plans for the commencement of a fund which will be established this year for the purpose of assisting the National Association in entertaining the International Council of Nurses which meets in Montreal in 1929.

Mr. John Bain, of the Trustee Board of the Ottawa Civic Hospital, and an expert in the realm of finance, addressed the nurses on the timely subject of "Money and Investments." His remarks, practical and to the point, were punctuated with humour, and contained much sound advice, strongly backed by wisdom and years of experience.

Dr. Carmichael, medical superintendent of the Royal Ottawa Sanatorium, explained the nature and extent of lesions pictured in a number of chest plates, and gave some interesting facts and figures about the sanatorium which is now equipped to give splendid service to Ottawa. One long-felt need, that of having a trained worker to investigate incipient cases in the home and link them up with facilities for early treatment, was about to be realized through the successful result of the sale of Christmas seals.

Dr. Carmichael regretted the fact that graduate nurses so seldom evince willingness to care for a tuberculosis patient, on the grounds of liability to infection. He pointed out that, with the modern knowledge of methods of control, infection is even less likely to occur than in pneumonia, influenza, erysipelas or other in-

fectious diseases. He called to mind the fact that in twenty-five years at the Trudeau Sanatorium, at Saranac Lake, not one nurse had contracted tuberculosis who had not already been infected prior to entering the sanatorium.

Demonstration of artificial pneumothorax was given by Dr. Lehman, after which a tour was made of the buildings. Of these, the new Whitney building and the Preventorium, opened last year, and made possible by the generosity of the Red Cross and the Laurentian Chapter, I.O.D.E., are probably the most interesting.

Ottawa General Hospital: The Nurses' Alumnae gave a most successful tea and money shower at the home of Miss Florence Nevins on St. Valentine's Day. The tea table was presided over by Misses I. McElroy and O'Brien, Mrs. Willeshy and Mrs. Belanger.

Ottawa Civic Hospital: Miss Margaret Hanna (Civic Hospital, 1924) has been awarded a scholarship and is taking four months' operating room work at the New York Post Graduate Hospital. On completion of this course Miss Hanna will return to her position in the operating room at Ottawa Civic Hospital.

Miss Marguerite McCallum (Civic Hospital 1926) has completed her post graduate work at the Boston Lying-In Hospital, and has accepted the position of night supervisor of that institution.

Miss Sybil Everitt (Civic Hospital) has completed the special training (four months) with the Victorian Order of Nurses, Montreal.

DISTRICT 9

Parry Sound: The graduation exercises of the Stone Memorial Hospital took place in the parlours of the hospital on November 7th, 1927, when Miss Alberta Gingrich, of Hespeler, Ont., and Miss Mary Jacobs, Shillington, Ont., received diplomas. After the exercises the nurses enjoyed a sumptuous dinner given in their honour by Dr. K. A. Denholm. Miss Gingrich and Miss Jacobs have accepted positions on the staff of the Stone Memorial Hospital as day and night supervisor, respectively.

PRINCE EDWARD ISLAND

Charlottetown: The P.E.I. Hospital has affiliated with the St. John's County Hospital, the pupil nurses going there for a three months' course. The first class entered in April.

Mrs. Gilbert Gaudet entertained the nurses of the Charlottetown Hospital to a pre-Lenten dance at her beautiful home. Dancing was indulged in until midnight, after which refreshments were served and everyone did justice to the good things provided. All bade their hostess goodnight feeling they had spent a very enjoyable evening.

QUEBEC

MONTREAL

Western Hospital: The annual meeting of the Alumnae was held in the Nurses' Home on Monday, February 6th, 1928, when the officers for the ensuing year were elected and other business transacted.

Miss Emily Crossley has accepted the position as x-ray technician at the Woman's General Hospital, Westmount, P.Q.

Miss Marjory MacFarlane sailed from New York on February 25th for the West Indies, where she will spend some time.

Miss Helen Rankin was in Montreal for a few days at the beginning of March.

The sincere sympathy of the Alumnae is extended to Mrs. Douglas Thomson (Edith Hooper, 1925) in the loss of her mother; to Miss Mabel Hooper in the loss of her father; and to Mrs. C. Bradshaw (Lydia McCleverty) in the loss of her husband.

Montreal General Hospital: At the annual meeting of the M.G.H. Alumnae in January, interesting reports were read, especially the sick benefit report, with $13,600 in the treasury, after paying out over $2,100 for sick nurses during 1927: hospital treatment, $1,770; home illnesses, $255, and flowers, $83.

Miss Henrietta Dunlop resigned as convener of the sick benefit fund after 13 years in office, and Miss Ruth Stericker resigned as treasurer of the Alumnae after five years' service. Their work was much appreciated, and acknowledged by a hearty vote of thanks. Miss Isabel Davies has taken charge of both duties.

At the February meeting of the Alumnae, a social bridge was held, when a very pleasant evening was spent.

At the March meeting Pitman Tours showed many pictures on the screen of all the different countries where they conduct tours. These proved of great interest to the audience.

Mr. and Mrs. E. J. Lyons (Anna MacKay, 1921) are on a visit to Bermuda.

Miss Janey Hayes, 1927, has accepted a position on staff of Shriners' Hospital, Springfield, Mass.

Miss M. M. Pharaoh is at present nursing her father, who is seriously ill, at his home in Ontario.

Miss Lilly N. Gray is in charge of the V.O.N. branch at Belleville, Ont.

Mr. and Mrs. Lambert (Margaret Burns, 1924), of Melbourne, P.Q., have sailed for a short stay in England.

Mrs. Whittall (N. Clayton) recently entertained many of her friends among the nurses to tea at her home in Westmount.

The engagement is announced of Mrs. Mabel F. McRae, 1924, to Mr. Ernest R.

McCallum. Owen Sound, Ont. The wedding is to take place in June.

Miss Katherine Stewart, who has been away for over a year at her home in Renfrew. Ont.. has returned to do private nursing in Montreal.

Miss Edith Lockwood, 1926, who has been engaged in private duty nursing in Montreal since graduation, is now on an extended visit to her sister in Saskatoon, Sask.

The annual dance at the M.G.H. Nurses' Home on the evening of St. Valentine's Day, given by the superintendent of nurses, Miss Holt, and the nursing staff, to over two hundred guests, proved a great success.

Miss Mabel K. Holt attended the conference on University Courses in Nursing, held under the auspices of the Department of Education, at Columbia University, New York City.

Miss Christina Watling has been appointed by the Provincial Executive Committee as convener of the Private Duty Section of the Province of Quebec, and Miss C. V. Barret elected to the Board of Management of the Association of Registered Nurses of the Province of Quebec for two-years term.

Misses Winnifred Cook, 1924, and Katherine Mills, 1928, have been engaged on the teaching staff of the Jubilee Hospital, Victoria, B.C. The former filled the same position at the M.G.H. last year.

Sympathy of the members is extended to Misses Nora Tedford, Myrtle Stevens and Mrs. R. McNutt (nee Annie Stevens) in the loss of their father; and Miss Mildred Affleck, her brother; and Miss McIsaacs, her mother.

Royal Victoria Hospital: Miss Ada Byfield, 1898, who spent the last few months in Cuba, has returned to Spring Lake, N.J.

The Misses E. Rogers and M. MacLimont, 1927, are nursing at the Rockefeller Institute, New York.

Miss Lena Campbell, superintendent of the Miramichi Hospital, Newcastle, N.B., for the past few years, has resigned.

Miss Mildred Chambers, 1925, V.O.N., Carleton Place, has been transferred to London Ont.

Misses A. McCombs and Doris Burns, 1925, are doing private duty nursing in New York City.

Miss Vida O'Dell, 1922, is in the Social Service Department of the Royal Victoria Hospital.

Miss Vivian Ross, 1910, of Sydney, N.S., is spending the winter in Montreal.

Mrs. Stanley and Miss Fetter have returned after visiting Miss M. A. Prescott, Loretteville, P.Q.

Miss Harriet Drake, 1907, who has spent the last two years abroad, is at present in Montreal visiting her sister, Mrs. Duggan.

Dr. and Mrs. Ackerman (Dorothy Huestis, 1924) are now residing in Montreal.

Mr. and Mrs. Ray Taylor (Louise Ingraham, 1924) have returned to Montreal after spending several months in London, England.

The deepest sympathy of the Alumnae is extended to Miss Helen Baynes, 1902, in the loss of her mother.

Sherbrooke: The annual meeting of the Eastern Townships Graduate Nurses Association was held on January 12th at the residence of Mrs. George MacKinnon. Officers for 1928 were elected and other business transacted.

Miss Etta Buchanan is now convalescent, after a rather painful accident to her knee through falling on the ice.

Miss Gladys Van has been ill and in the hospital for some weeks.

The many friends of Miss Doris Stevens will be glad to learn that her mother is now convalescing from her long illness.

Misses Verna Beane, Olive Harvey, Caroline Marceau and Grace Hyslop have accepted positions in a hospital at Providence, R.I.

Miss Clara Humphries (Queen Victoria Memorial Hospital, North Bay) has accepted a position as staff nurse with the Sherbrooke Victorian Order.

C.A.M.N.S.

Winnipeg: The annual meeting of the Nursing Sisters' Club was held in the Red Cross rooms on Friday, February 24th. The reports of the committees were read, showing the activities of the Club during the year. The treasurer reported the Club to be in good financial standing. The memorial committee reported that a wreath had been placed at the Cross of Sacrifice, Brookside Cemetery, on Decoration Day, and one at the Next of Kin Monument in memory of the fourteen nursing sisters who gave up their lives when the Llandovery Castle was sunk on June 28th, 1918. A report was read from the Poppy Day Committee, thanking the club team, under the leadership of Mrs. Gordon Cooper (nee Janet Smith), for their splendid co-operation and assistance in selling poppies on November 11th, 1927.

The following officers were elected for the ensuing year: President, Miss E. Hudson; vice-president, Miss McGillvary; secretary, Miss G. Billyard; treasurer, Miss Letellier; conveners of committees: social committee, Mrs. Sanderson; sick visiting committee, Mrs. McLeod; memorial committee, Miss E. Stuart; press

and publicity, Miss I. Barton; membership committee, Miss M. Simpson; extra members of executive: Mrs. G. Cooper, Miss J. Roberts, Miss Mamie Johnston.

Miss Janet McClung, who has been doing private nursing in Winnipeg for some time, has accepted a position in the office of Drs. Gunn, Creighton and McKay.

Dr. and Mrs. Coppinger (nee Florence Stidson) have moved to Winnipeg, where Dr. Coppinger is attached to one of the hospitals.

The many Winnipeg friends of Mrs. Herman Mawhinney (nee Olive MacIntosh), who is now residing in Montreal, will be sorry to hear she has been called to Boston owing to the serious illness of her mother.

Montreal: The sixth annual meeting of the Montreal Association of Overseas Nurses was held at the Forum Building, with Mrs. S. Ramsey in the chair. The minutes of the last meeting were read and adopted. Reports of the various committees may be summed up as follows:—Ten new members enrolled; sick and visiting committee very active with flowers and good cheer for the sisters who were ill. As in former years, the Association placed a wreath on the Cenotaph on Armistice Day. Officers elected for the ensuing year are: President, Mrs. Stewart Ramsey (re-elected); vice-president, Mrs. F. A. C. Scrimger; secretary, Mrs. W. N. Petch; treasurer, Miss B. Moores; last post, Miss C. Nixon; sick and visiting committee, Miss M. Ross; executive committee, Mrs. H. Routh, Misses B. Kay, H. Ross, N. Enright, M. Urquhart and W. Raynor. The programme for the May meeting was discussed and it was suggested that an officer from the Canadian Legion be asked to address the club on the aims and objects of the Legion. The secretary was requested to communicate with all Overseas Nurses Clubs with the object of forming an All Canada Association.

The following letter has been sent to the Editor with a request for publication:

To the Associations of Overseas Nursing Sisters:

At the annual meeting of the Montreal Association of Overseas Nursing Sisters the following resolution was unanimously adopted: Resolved that this Association communicate with similar Associations throughout Canada in order to find out their feelings in regard to the formation of an All-Canada Association of Overseas Nursing Sisters.

The Montreal Association has succeeded so well in keeping the nursing sisters of this Province in touch with one another and in preserving the old war time feeling of comradeship that we feel that the same objects can be obtained on a larger scale by the affiliation of the various Overseas Nursing Sisters Associations throughout Canada.

The proposal would be to start in a very simple way.

1. Elect a central executive.

2. Arrange for publication of all Overseas Nursing Sisters' names in The Canadian Nurse.

3. Compile a directory of all Overseas Nursing Sisters. This directory would be made easily accessible to all visiting members in each centre and could be left at the Nurses' Club or Registry Office.

4. Information in regard to the foregoing would be circulated to all the members and they would be encouraged to avail themselves of the opportunity offered to look up their old friends.

Later on a more ambitious programme for the Association could be developed, but it is considered that even the above mentioned modest beginning is very much worth while.

In your reply to this letter we would be very much obliged if you will give us some idea of your own activities. If you approve of an All-Canada Association would you kindly offer any suggestion which you may have in regard to it?

We are looking forward to renewing many pleasant comradeships.—Yours very sincerely,

(Signed) Juliette P. Ramsay,
President.
Eleanor E. Petch,
Secretary.

Secretary's address:
396 Olivier Avenue,
Westmount, P.Q.

Copies of photographs taken at the dedication of the Memorial to Canadian Nurses and a programme of the unveiling ceremony have been placed in the Imperial War Museum, South Kensington, London. This has been done in compliance with a request from the Secretary of the Museum and acknowledgment has been made on behalf of the Prince of Wales as President of the Board of Trustees of the Museum.

A copy of Mr. Maw's etching of the Memorial has been donated to the Art Gallery of Toronto in response to a request which was forwarded to the memorial committee.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

BADGLEY—On December 25th, 1927, at Toronto, Ont., to Mr. and Mrs. Percy Badgley (Aletha Crothers, Medicine Hat General Hospital, 1922), a daughter (Doris Elizabeth).

BOA—On December 8th, 1927, at Montreal, to Mr. and Mrs. A. Stewart Boa (N/S Beer, No. 1 Canadian General Hospital), a son (John Andrew).

BOYCE—On February 24th, 1928, to Dr. and Mrs. J. Clifford Boyce (K. Barnes, Western Hospital, Montreal), a daughter.

BUCHANAN—On November 16th, 1927, at Toronto, to Mr. and Mrs. W. B. Buchanan (Alma Henderson, Toronto Western Hospital), a daughter (Ruth Marion).

CLAZIE—On February 1st, 1928, at Ford City, Ont., to Mr and Mrs. Jack Clazie (Frances May, Toronto Western Hospital, 1923), a son.

HAMBLY—On December 9th, 1927, to Mr. and Mrs. Frank Hambly (Edith Black, Western Hospital, Montreal), a daughter.

HAMMOND—On February 18th, 1928, to Mr. and Mrs. J. H. Hammond (Norah Gordon, Toronto General Hospital, 1926), a daughter.

HILLIKER—On February 17th, 1928, to Dr. and Mrs. A. E. Hilliker (Kathleen Keyes, Toronto General Hospital, 1920), a son.

McFARLANE—On February 18th, 1928, to Dr. and Mrs. McFarlane (Marguerite Walker, Hospital for Sick Children, Toronto), a son.

McLEOD—In March, 1928, at Brockton, Mass., to Dr. and Mrs. Ralph McLeod (Estella Smellie, Montreal General Hospital, 1923), a son.

PARKER—On February 17th, 1928, to Mr. and Mrs. G. W. Parker, of Norwood, Man., a daughter (Patricia Ruth).

READ—In January, 1928, at London, Ont., to Dr. and Mrs. A. J. Read (Kathleen Hyatt, Victoria Hospital, London, 1924), a son (Robert Wallace).

SCHRAM—On December 19th, 1927, at Boston, Mass., to Mr. and Mrs. Lloyd Schram (L. M. Stinson, Montreal General Hospital, 1924), a son.

SMITHERS—Recently, in New York City, to Mr. and Mrs. C. Smithers (Evelyn Lewis, Toronto General Hospital, 1923), a daughter.

VANSTONE—In January, 1928, at London, Ont., to Mr. and Mrs. Harry Vanstone (Maizie Brickendan, Victoria Hospital, London, 1923), a daughter.

MARRIAGES

BOGUE—SPENCER—On March 3rd, 1928, at Kingston, Ont., Phyllis Muriel Spencer (Royal Victoria Hospital, 1927) to Jackson de la Cour Bogue. At home—Montreal, P.Q.

CADENHEAD—LEY-KING — On February 18th, 1928, at Sault Ste. Marie, Loveday Frances Ley-King (Toronto General Hospital, 1921), to Nelson Keefer Cadenhead. At Home—Toronto.

CURRIE—MACKENZIE- On March 10th, 1928, at Charlottetown, P.E.I., Janie Mackenzie (P.E.I. Hospital, 1926), to Vernon P. Currie.

GOUTHRO—VAUGHAN — On January 10th, 1928, at North Sydney, N.S., Emma Vaughan (Victoria General Hospital), to Dr. Alexander C. Gouthro, of Little Bras d'Or.

LYONS—ECKERT—On February 21st, 1928, at Toronto, Claudia Pearl Eckert (Toronto General Hospital, 1920), to John Percival Lyons.

JEBB—MURRAY — On February 7th, 1928, at Victoria, B.C., Hilda Murray (Royal Jubilee Hospital), to Arthur H. Jebb.

PEMBERTON — RANT — On February 14th, 1928, at Victoria, B.C., Caro Eileen Marjorie Rant to William Parnell Despard Pemberton.

RUSSELL—McDOUGAL — On January 20th, 1928, Beatrice McDougal (Hospital for Sick Children, Toronto), to Douglas Russell.

WILMETH—LUCKHAM — On January 27th, 1928, at Los Angeles, Meryl J. Luckham (Victoria Hospital, London, Canada), to Lex C. Wilmeth.

WINDLE—BELLA—Recently at Okotoks, Susan M. Bella (Holy Cross Hospital, Calgary, Alta.), to Michael T. Windle.

DEATHS

HEWSON—Recently, in Winnipeg, Man., Margaret Hewson (Brandon General Hospital, 1911).

TELLING—On December 21st, 1927, at Winnipeg, Maude Telling (Western Hospital, Montreal, 1911).

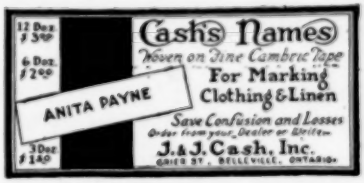
WANTED

The Kentucky Committee for Mothers and Babies has positions for Public Health Nurses who hold the certificate in midwifery of the English, Scotch or Irish Central Midwives Board. For particulars address The Director, Mrs. Mary Breckinridge, Wendover, Leslie County, Ky., U.S.A.

WANTED

WANTED—Three Graduate Nurses, of Victoria Hospital, London, Ontario, registered in Ontario, would like positions in a Canadian Hospital, or Private Duty Nursing in Western Canada. Address—Box, 110, The Canadian Nurse.

THE
Manitoba Nurses' Central Directory
Registrar—ELIZABETH CARRUTHERS, Reg. N.
Phone 30 620
753 WOLSELEY AVENUE
WINNIPEG, MAN.



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Application forms, information regarding subjects of examination, and general information relating thereto, may be had upon written application to Miss A. M. Munn, Reg.N., Parliament Bldgs., Toronto. No candidate will be considered for examination unless the completed application form, accompanied by the examination fee of $5.00, is received by the Inspector before May 10th, 1928.

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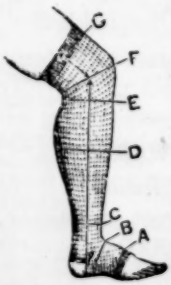

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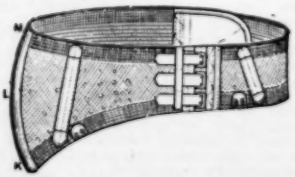

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Regular meeting—3rd Wednesday of each month.

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President, Miss Barbara Ross, 45 Dundonald St.; Vice-President, Miss Janet Allison, 57 St. Ann's Rd.; Secretary, Miss Mary Gridley, 20A Crescent Rd. Apts., 1050 Yonge St.; Treasurer, Miss Clara Dixon, Women's College Hospital; Councillors: Miss Frances Browne, 35 Chicora Ave.; Miss Ethel Greenwood, 34 Homewood Ave.; Miss Ada Luxon, 166 Grace St.; Miss Ruby Hamilton, 36 Maitland St.; Miss Ida MacAfee, Western Hospital; Miss Helen MacIntyre; Mrs. Josephine Clissold, 34 Inglewood Dr.; Miss Lily Delaney, Hospital for Incurables.

DISTRICT No. 8, REGISTERED NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss G. Garvin; Vice-Chairman, Miss G. Bennett; Secretary-Treasurer, Mrs. C. L. Devitt; Councillors, Misses Maxwell, Jackson, Marion May, MacGibbon, F. Nevins, Whiting (Cornwall, Ont.); Representative to Board of Directors, R.N.A.O. Miss Marion May; Conveners of Committees: Public Health, Miss MacGibbon; Private Duty, Miss F. Nevins; Membership, Miss Maxwell; Programme, Miss Jackson; Publication, Miss G. Bennett.

DISTRICT No. 10, REGISTERED NURSES ASSOCIATION OF ONTARIO

Chairman, Mrs. H. W. Foxton, Fort William; Vice-President, Miss P. L. Morrison, Fort William; Secretary Treasurer, Miss Chivers-Wilson, Port Arthur; Councillors, Misses Howie, Bell, Gerry, Hogarth, of Fort William; Misses Lovelace, McDougall, of Port Arthur; Representatives: Private Duty, Miss S. McDougall, Port Arthur; Public Health, Miss Howie, Fort William; Nursing Education, Miss P. L. Morrison; Conveners of Committees: Membership, Miss L. Gerry; Programme, Miss Jean Hogarth, Fort William, Miss Vera Lovelace, Port Arthur; Finance, Miss B. Bell, Fort William, Miss E. Oliver, Port Arthur; Correspondent to "The Canadian Nurse," Miss Jane Hogarth; Subscriptions to "The Canadian Nurse," Miss B. Bell; Representative to the Board of Directors, R.N.A.O., Miss Jane Hogarth.

Meetings held first Thursday every month.

BELLEVILLE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss F. MacIndoo; President, Miss Bessie Soutar; Vice-President, Miss A. Earl; Secretary, Miss Ida Scott; Treasurer, Miss M. Turnbull; Representative to "The Canadian Nurse," Miss Florence Fitzgerald; Advisory Committee, Misses B. Soutar, E. Grey, E. McEwen, H. Bowen, E. Wright, H. Collier; Flower Committee, Misses V. Humphries and Phillips.

Regular meeting held first Tuesday in each month at 3,30 p.m. in the Nurses' Residence.

ALUMNAE ASSOCIATION OF THE BRANTFORD GENERAL HOSPITAL, BRANTFORD, ONT.

Hon. President, Miss E. M. McKee, Brantford General Hospital; President, Miss Jessie Wilson; Vice-President, Miss Dora Arnold; Treasurer, Miss Gladys Westbrook; Secretary, Miss Kate Charnley; Assistant Secretary, Miss Doris Small; Flower Committee, Miss Edmonson, Miss Nellie Yardley; Gift Committee, Miss Hilda Booth, Miss Margaret Gillespie; "Canadian Nurse" Representative, Miss Margaret McCormack; Representative to Local Council of Women, Mrs. Melliard; Convener, Social Committee, Miss Anne Fair.

BROCKVILLE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Honorary President, Miss Alice L. Shannette, Superintendent, Brockville General Hospital; President, Mrs. H. B. White, 133 King Street E.; First Vice-President, Miss Maude Arnold, 206 King E.; Second Vice-President, Miss Jean Nicolson, 266 King W.; Third Vice President, Mrs. W. B. Reynolds, 68 Bethune St.; Secretary, Miss M. Beatrice Hamilton, Asst. Supt., Brockville General Hospital; Treasurer, Mrs. Geo. Lafayette, 454 King W.; Representative to "The Canadian Nurse," Miss Gertrude Myers, Night Supervisor, Brockville General Hospital; Refreshment Committee, Mrs. Allan Gray, 466 King W.; Mrs. Herbert Vandusen, 65 Church St.

THE ALUMNAE ASSOCIATION OF THE PUBLIC GENERAL HOSPITAL, CHATHAM, ONT.

Hon. President, Miss P. Campbell, Supt. of Public General Hospital; President, Mrs. Clarence Coyle, 3 Ellwood Ave.; First Vice-President, Mrs. Fred Clark, King St.; Second Vice-President, Miss Jean Coatsworth, 224 Victoria Ave.; Recording Secretary, Mrs. Bruce Bourne, 16 Robertson Ave.; Corresponding Secretary and Press Correspondent, Miss Grace McKerracher, 46 McKeough Ave.; Treasurer, Miss Lila Baird, 374 Victoria Ave.; Representative, "The Canadian Nurse," Mrs. C. N. Crysler, 102 Cross St.

THE ST. JOSEPH'S HOSPITAL ALUMNAE ASSOCIATION, CHATHAM, ONT.

Hon. President, Mother St. Roche; Hon. Vice-President, Sister M. Remegius; President, Miss Charlotte Neff; Vice-President, Miss Kate Dillon; Secretary, Miss Jean Lundy, Apt. 9, Parkview Apartments, Chatham; Treasurer, Miss Hazel Gray; Representative to "The Canadian Nurse," Miss Anna Currie; Sick Visiting Committee, Misses L. Richardson and G. Norton.

Regular meeting first Monday of each month.

CORNWALL GENERAL HOSPITAL ALUMNAE ASSOCIATION, CORNWALL, ONT.

Hon. President, Miss Lydia Whiting; President, Miss Mary Fleming; First Vice-President, Mrs. Boldick; Second Vice-President, Miss Mabel Hill; Secretary-Treasurer, Miss Helen C. Wilson, Cornwall General Hospital; Representative to "The Canadian Nurse," Miss Helen C. Wilson.

THE ALUMNAE ASSOCIATION OF THE ROYAL ALEXANDRA HOSPITAL, FERGUS, ONT.

Hon. President, Miss Helen Campbell; President, Mrs. Bean, 54 Rosemount Ave., Toronto; First Vice-President, Miss Marian Petty; Second Vice-President, Mrs. Ida Ewing; Treasurer, Miss Bertha Brillinger, 8 Oriole Gardens, Toronto; Secretary, Miss Evelyn Osborne, 8 Oriole Gardens, Toronto; Asst. Secretary, Mrs. N. Davidson, Fergus Hospital; Press Secretary, Miss Jean Campbell, 72 Hendrick Ave., Toronto.

GUELPH GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Elizabeth Shortreed; President, Miss Pearl McDonald; First Vice-President, Miss Etta Stewart; Second Vice-President, Miss Vrie; Treasurer, Miss Hazel Dennis; Secretary, Miss Etta Barron; Flower Committee, Mrs. H. Bolton, Miss A. Kyle; Correspondent, Miss N. J. Cooke, Guelph General Hospital, Guelph.

HAMILTON GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss E. C. Rayside, General Hospital; President, Mrs. Hilda F. Ray, 4D Kingscourt Apts.; Vice-President, Miss Eva Hulek, 195 Herkimer St.; Recording Secretary, Miss Ella Baird, 15 Bold St.; Corresponding Secretary, Miss Janie S. Cordner, 70 London Ave.; Treasurer, Mrs. Edith M. Johnson, 156 Kensington Ave. S.; Programme Committee, Miss Jessie Spence (convener), Misses Mabel Chappel, J. Harrison, T. Armstrong, A. McDermott, Ada Atkins; Flower and Visiting Committee, Miss Annie Kerr (convener), Misses E. Buckbee, A. Squires, A. McDermott; Registry Committee, Misses Blanche Binkley (convener), Misses Edith Dadvison, Grace Hall; Executive Committee, Misses Jean Souter, Grace Hall, A. Champ, Lottie Call, M. Harrod, Mrs. Jarvis; Representatives to Local Council of Women, Misses R. Burnett, B. Sadler, R. Laidlaw, E. Buckbee; Representatives, "The Canadian Nurse," Miss Jean Souter (convener., Misses M. Pegg, Ella Baird; Representatives R.N.A.O. Private Duty, Miss Hanselman; Representative to Women's Auxiliary, Mrs. J. Stephens; Treasurer, Mutual Benefit Association, Miss L. G. Hack, 25 West Ave. S.

ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, HAMILTON, ONT.

Hon. President, Sr. M. Assumption, St. Joseph's Hospital; President, Miss Irene Murray, 21 Gladstone Ave.; Vice-President, Miss Catherine Crane, 24 Rutherford Ave.; Secretary-Treasurer, Miss Frances Quintin, 96 East Ave. South; Executive Committee, Miss Anna Maloney, 31 Erie Ave.; Miss Elizabeth Quinn, 12 Cumberland Ave.; Miss Margaret Brennan, 816 King E.; Miss Myrtle Leitch, 99 Queen S.; Miss Marie Brohman, Mt. View Apts., James S.; Charity Committee, Miss Mae Maloney; Sick Committee, Miss Margaret Kelly, 43 Gladstone Ave.; Representative to "The Canadian Nurse," Miss Clara Himmer, 168 Walnut.

NURSES' ALUMNAE ASSOCIATION, HOTEL DIEU HOSPITAL, KINGSTON, ONT.

Hon. President, Rev. Sr. Donaven, Hotel Dieu Hospital; President, Mrs. E. Crowley, 217 Bagot Street; Vice-President, Mrs. Wm. Elder, Avonmore Apts., William Street; Treasurer, Mrs. Vincent Fallon, Earle St.; Executive Committee, Misses A. Dongan, K. Donaghue, A. Hilton; Visiting Committee, Miss E. Finn, E. O'Hearn.

Regular meeting—second Tuesday of every month at 8 p.m. in the Nurses' Residence.

NURSES ALUMNAE ASSOCIATION OF THE KINGSTON GENERAL HOSPITAL

First Hon. President, Miss E. Baker; Second Hon. President, Miss A. Baillie; President, Miss A. McLeod; First Vice-President, Mrs. W. Peters; Second Vice-President, Mrs. C. H. Leggett; Treasurer, Mrs. C. W. Mallory, 203 Alfred St., Kingston; Secretary, Miss Olivia M. Wilson, Kingston General Hospital; Press Representative, Miss Evelyn E. Freeman, Kingston General Hospital; Convener, Flower Committee, Mrs. George Nicol, 355 Frontenac St., Kingston.

KITCHENER & WATERLOO GENERAL HOSPITAL ALUMNAE ASSOCIATION

President, Mrs. James Westwell; First Vice-President, Miss E. Ferry; Second Vice-President, Miss V. Berlett; Secretary, Miss Nellie Scott, c/o Dominion Tire Factory, Kitchener; Treasurer, Mrs. E. J. Schneider, 45 Highland Rd.; Asst. Secretary, Mrs. L. Kieswetter; Representative to "The Canadian Nurse," Miss Elizabeth Ferry, 102 Young St., Kitchener.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, LONDON, ONT.

Hon. President, Sr. Zeta, Superior; Hon. Vice-President, Sr. Patricia; President, Mrs. A. Kelly, 819 Elias St., London; First Vice-President, Miss L. Golden, 382 Queen's Ave., London; Second Vice-President, Miss L. Morrison, 298 Hyman St., London; Recording Secretary, Miss H. Pitt, 440 Pall Mall St., London; Corresponding Secretary, Miss L. McCaughey, 359 Central Ave., London; Treasurer, Miss Rose Hanlon, 59 Elmwood Ave., London; Representatives on Board of Central Registry, Mrs. W. Tighe, Mrs. A. Kelly

Monthly Meeting—First Wednesday at St. Joseph's Assembly Hall.

VICTORIA HOSPITAL ALUMNAE ASSOCIATION, LONDON, ONT.

President, Miss W. Ashplant, 807 Waterloo St. First Vice-President, Miss M. Turner, Victoria Hospital; Second Vice-President, Miss M. McLaughlin, Victoria Hospital; Treasurer, Miss Alma Anderson, 344 Richmond St.; Secretary, Miss Olive Branion, Victoria Hospital; Corresponding Secretary, Miss Verna Ardiel, Victoria Hospital; Board of Directors, Misses E. McPherson, L. McGugan, R. Scott, D. Foster, H. Hueston, and A. McKenzie; Representatives to Registry Board, Misses Giffen, A. Johnson, McPherson, and B. McVicar; Representative to "The Canadian Nurse," Miss G. Webster.

THE ALUMNAE ASSOCIATION OF ORILLIA SOLDIERS' MEMORIAL HOSPITAL

President, Miss M. Harvie; First Vice-President, Miss M. Rayne; Second Vice-President, Miss A. Dudenhoffer; Secretary-Treasurer, Miss Gladys M. Went; Programme Committee, Misses C. Newton, M. Stephen, F. Graham; Visiting Committee, Misses G. Adams, E. Mitchell, F. Rearce.

Regular Meeting—First Thursday of each month.

OSHAWA GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss E. MacWilliams; President, Mrs. Gladys M. Johnston, 107 Simcoe Street; Vice-President, Mrs. (Dr.) Trick; Secretary and Corresponding Secretary, Mrs. Douglas Redpath, 492 Mary St. N.; Assistant Secretary, Miss Marguerite Dickie; Treasurer, Miss Jane Cole, General Hospital, Oshawa.

LADY STANLEY INSTITUTE ALUMNAE ASSOCIATION, OTTAWA. (Incorporated 1918).

Hon. President, Miss M. A. Catton, 2 Regent St.; President, Miss M. McNeice, 475 Lisgar St.; Vice-President, Miss E. McGibbon, 112 Carling Ave.; Secretary, Miss M. Stewart, Lady Grey Sanatorium; Treasurer, Miss Mary Slinn, 204 Stanley Ave.; Board of Directors, Miss C. Flack, 152 First Ave.; Miss E. McColl, Vimy Apts., Charlotte St.; Miss L. Belford, Perley Home; "Canadian Nurse" Representative, Miss C. Flack, 152 First Ave.

THE NURSES' ALUMNAE ASSOCIATION OF OTTAWA GENERAL HOSPITAL

Hon. President, Rev. Sister Flavia; President, Miss M. Crilly; First Vice-President, Miss Florence Nevins; Second Vice-President, Mrs. A. Latimer; Membership Secretary, Miss E. Rochon; Secretary-Treasurer, Miss Juliet Robert, 139 St. Andrew St.; Representative, "The Canadian Nurse," Miss K. Bayley; Representatives to the Local Council of Women, Mrs. C. L. Devitt, Mrs. A. Latimer, Mrs. E. Viau and Miss G. Evans; Representatives to Central Registry, Misses Egan and Stackpole and a member of each class.

OWEN SOUND GENERAL AND MARINE HOSPITAL NURSES' ALUMNAE ASSOCIATION

Honorary President, Miss A. M. Stirling; President, Miss E. Webster, 1022 4th Ave. W.; Miss Cora Thompson; Secretary-Treasurer, Miss Cora Stewart, General & Marine Hospital; Asst. Secretary-Treasurer, Mrs. D. J. McMillan; Sick Visiting and Flower Committee, Mrs. William Forgrave (convener), Mrs. D. I. McMillan, Miss C. McLean; Programme Committee, Miss Olga Stewart (convener), Misses Grace Rusk and Mary Graham; Registrar, Mrs. L. O. Dudgeon; Press Representative, Miss Edna Johnson.

NICHOLL'S HOSPITAL ALUMNAE ASSOCIATION, PETERBORO, ONT.

President, Miss F. Dixon; First Vice-President, Miss E. B. Walsh; Second Vice-President, Miss H. Anderson; Treasurer, Mrs. E. Taylor; Secretary, Miss B. Smith; Corresponding Secretary, Miss M. R. Reid, 22 Benson Ave.; Convener, Social Committee, Miss O. Dawson; Convener, Flower Committee, Miss D. Stalker.

SARNIA GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss K. Scott; President, Miss D. Shaw; Vice-President, Miss M. Fisher; Secretary, Miss P. Lumby; Treasurer, Mrs. Harrison Shanks; Representative to "The Canadian Nurse," Miss S. Laugher; Convener, Flower Committee, Miss Lee.

SAULT STE. MARIE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Rev. Sister Mary Dorothea; President, Miss Lillian Goatbe; First Vice-President, Mrs. J. O'Driscoll; Second Vice-President, Miss Stella Kehoe; Secretary, Miss Dora Baxter; Treasurer, Miss B. Spence.

STRATFORD GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss A. M. Munn; President, Miss M. Derby; Vice-President, Miss V. Meadows; Secretary-Treasurer, Miss C. J. Zoeger.

Representative to "The Canadian Nurse"—Miss C. J. Zoeger.

ALUMNAE ASSOCIATION OF THE MACK TRAINING SCHOOL, GENERAL & MARINE HOSPITAL, ST. CATHARINES, ONT.

Hon. President, Miss Anne Wright, Supt. General & Marine Hospital; President, Mrs. Durham, R.R. No. 4; First Vice-President, Miss Moyer, 170 Queenston St.; Second Vice-President, Mrs. Newman, 28 Chestnut St.; Secretary-Treasurer, Mrs. E. G. Dewar, R.R. No. 2, Press Representative, Mrs. C. Hesburn, 54 George St.; Correspondent to "The Canadian Nurse," Miss N. Stevens, 238 Queenston St.; Programme Committee, Mrs. Zumstein, Misses Tuck, Marriott; Social Committee, Misses Miller, Kennedy, Mesdames Jacques and Steele.

THE ALUMNAE ASSOCIATION AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONT.

President, Mrs. Stevenson; Vice-President, Miss Crane; Secretary, Miss Mary Malcolm, 33 Wellington St.; Treasurer, Mrs. Sinclair; Executive Committee, Miss Dodds (Chairman), Misses Hastings, Killins, Campbell, Mesdames Campbell and O'Dell; Flower Committee, Mesdames Campbell and Keith; Correspondent to "The Canadian Nurse," Miss Dodds; Auditors, Mrs. Campbell and Miss Crane.

TORONTO GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss M. A. Snively; Hon. Vice-President, Miss Jean Gunn; President, Miss Kathleen Russell; First Vice-President, Miss Jean E. Browne; Second Vice-President, Miss Agnes Neill; Recording Secretary, Miss Margaret Dulmage; Corresponding Secretary, Mrs. A. W. MacKay, 46 Doel Ave.; Treasurers, Miss Clara Vale and Miss Marguerite Malone; Councillors, Misses Ada Kennedy, Josephine Kilburn, Annie Dove, Ethel Cryderman and Mrs. Margaret Dewey.

ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO

Hon. President, Mrs. C. J. Currie; President, Mrs. John Gray, 73 Manor Road; Recording Secretary, Miss A. O. Bell, Grace Hospital; Treasurer, Miss Ruth Garrow; Corresponding Secretary, Miss M. F. Hendricks, 26 Rose Park Crescent.

THE ALUMNAE ASSOCIATION OF GRANT MACDONALD TRAINING SCHOOL FOR NURSES, TORONTO ONT.

President, Miss Edith Lawson, 130 Dunn Ave., Toronto; Vice-President, Miss Margaret Ferriman, 53 Herbert St.; Secretary, Miss Margaret Bing, 130 Dunn Ave.; Treasurer, Miss Ione Clift, 130 Dunn Ave.; Convener, Social Committee, Miss Mary Forman, 130 Dunn Ave.

THE ALUMNAE ASSOCIATION OF THE TORONTO ORTHOPEDIC HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss E. MacLean; President, Mrs. W. J. Smithers, Sussex Court Apts.; Vice-President, Miss Catherine MacKinnon, 100 Bloor St. W.; Sec.-Treas., Miss Lucy M. Loggie, Apt. 12, 610 Ontario St., Toronto.

RIVERDALE HOSPITAL ALUMNAE ASSOCIATION, TORONTO

President, Mrs. Charles Lyons, 184 Oakwood Ave.; First Vice-President, Miss E. Scott, 340 Shaw St.; Second Vice-President, Mrs. E. Quirk, Riverdale Hospital; Secretary, Mrs. A. Gribble, 8 Juniper Ave.; Treasurer, Miss A. G. Armstrong, Riverdale Hospital; Board of Directors, Miss F. McMillan, 13 Grosvenor St., Miss M. Thompson, Riverdale Hospital, Miss Hewlett, 11 Wheeler Ave., Mrs. A. Gribble, 8 Juniper Ave.; Conveners, Standing Committees: Sick and Visiting, Miss L. McLaughlin, Riverdale Hospital; Programme, Miss E. Scott, 340 Shaw St.; Central Registry, Misses E. Hewlett and J. Haines; Representative to "The Canadian Nurse," Mrs. A. Gribble.

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN, TORONTO

Hon. President, Mrs. Goodson; Hon. Vice-Presidents, Miss F. J. Potts, Miss Kathleen Panton; President, Mrs. A. L. Langford, 71 Springmount Ave.; First Vice-President, Miss H. Hughes, 1397 King St. West; Second Vice-President, Miss H. Babcock, 103 Sheldrake Blvd.; Treasurer, Miss Gene Clark, Hospital for Sick Children; Secretary, Miss Wilma Lowe, c.o. Dr. Roy Simpson, 274 Danforth Ave.; Cor. Secretary, Mrs. A. P. Reid, 51 Gothic Ave.; Convener, Social Committee, Mrs. Grant Strachan, 194 Hudson Drive; Convener, Programme Committee, Mrs. Hal. Sword, 36 Browning Ave.; Representative, "The Canadian Nurse," Mrs. T. A. James, 165 Erskine Ave.; Representative, Private Duty, Miss E. Miller, 443 Gladstone Ave.; Representative R.N.A.O., Miss M. St. John, Hospital for Sick Children; Sick Visiting, Mrs. Wm. Kerr, 107 Balasm Ave.

ST. JOHN'S HOSPITAL ALUMNAE ASSOCIATION, TORONTO

Hon. President, Sister Beatrice, St. John's Hospital; President, Miss Hiscocks, 498 Euclid Ave.; First Vice-President, Mrs. Smith, 125 Springhurst Drive; Second Vice-President, Mrs. Hunter, 255 S. Clarens Ave.; Recording Secretary, Miss Morgan, St. John's Hospital; Corresponding Secretary, Miss Bruce, 29 Ferndale Ave.; Treasurer, Miss Hammond, 82 Harvey Ave. Regular meeting, 3rd Thursday at 8 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO

Hon. Presidents, Sr. M. Julianna and Sr. Amata; President, Miss Hilda Kerr, 60 Emerson Ave.; First Vice-President, Miss Eva Dunn; Second Vice-President Mrs. W. H. Artken; Third Vice-President, iss Elen Graydon; Recording Secretary, Miss Margaet Nealon Corresponding Secretary, Miss Marie McEnaney; Treasurer, Miss Irene McGurk; Directors, Miss Bertha Cunningham, Mrs. J. E. Day, Miss Marie Ellard; Conveners of Standing Committees, Misses M. Larkin, J. O'Connor, Helen Keeney.

VICTORIA MEMORIAL HOSPITAL ALUMNAE ASSOCIATION, TORONTO

Hon. President, Mrs. Forbes Godfrey; President, Miss Annie Pringle; Vice-President, Miss Dorothy Greer; Secretary, Miss Florence Lowe, 152 Kenilworth Ave., Toronto; Treasurer, Miss Ida Hawley, 41 Gloucester St., Toronto.

Regular Meeting—First Monday of each month.

WELLESLEY HOSPITAL ALUMNAE ASS'N

President, Miss Edith Cowan, 100 Gloucester St., Toronto; Vice-President, Miss Alice Brown, 40 Wroxeter Ave.; Treasurer, Miss Elda Rowan, 342 Spadina Rd.; Recording Secretary, Miss Marian Wansbrough, 5 Maitland Place; Corresponding Secretary, Miss Jessie Campbell, 19 Dundonald St.; Members of Executive, Misses D. Andrews, A. Williams, N. Bungay, A. Gunn; Correspondent to "The Canadian Nurse," Miss Bernice Reid, 72 Isabella St., Toronto.

TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss B. L. Ellis; President, Miss Wiggins; Vice-President, Miss Annie Low; Recording Secretary, Miss Grace Ryde; Secretary-Treasurer, Miss Marjorie Agnew; Representative to Local Council of Women, Mrs. McConnell; Representative to R.N.A.O., Miss Wiggins; Representative to "Canadian Nurse," Mrs. Isabel Dalzell; Councillors, Mrs. Yorke, Mrs. Drysdale, Mrs. Porrett, Mrs. Nesbitt, Mrs. Dalzell; Social Committee, Mrs. Duff (convener).

Meetings—Second Tuesday each month, at 8 p.m., in Assembly Room of Western Hospital.

ALUMNAE ASSOCIATION, WOMEN'S COLLEGE HOSPITAL, TORONTO

Hon. President, Mrs. H. M. Bowman, St. Luke's Hospital, New Jersey, U.S.A.; President, Miss B. I. Stillman, Reception Hospital ,Toronto; Vice-President, Miss Thora Hawkes, 248 Beech Ave.; Treasurer, Mrs. Jos. Hood, 591 Concord Ave.; Corresponding Secretary, Miss Vera Allan, 226 Eglinton Ave.; Asst. Secretary, Mrs. B. Aikens, 866 Wanning Ave.; Recording Secretary, Miss Jean Lougheed, 149 Rusholme Road; Social Convener, Miss J. McArthur, 318 Keele St.; Representative to Nurses' Registry, Miss B. Flett, 48 Fermanagh Ave.; Representative to Local Council, Miss E. Clark, Women's College Hospital; Representative to "The Canadian Nurse," Miss Lois Shaw, 7 Emerson Ave.; Sick Convener, Mrs. Jos. Wood, 591 Concord Ave.

WELLAND NURSES ALUMNAE

Hon. President, Miss Laura Hutton; President, Mrs. W. Volencourt; Vice-President, Mrs. F. Briggs; Recording Secretary, Mrs. H. Lowes; Corresponding Secretary, Mrs. O. H. Robins, Box 583, Welland; Treasurer, Mrs. H. Zavitz; Social and Flower Committee, Mrs. A. Morwood, Mrs. H. Kerr, Mrs. R. Sharpe, Miss Julia Abel, Miss Bertha Saunders, Miss Edith McNeil

THE ALUMNAE ASSOCIATION OF THE CONNAUGHT TRAINING SCHOOL FOR NURSES, TORONTO HOSPITAL FOR CONSUMPTIVES, WESTON ONT.

Hon. President, Miss E. MacP. Dickson; President, Miss Hazel Dixon, Reg.N., Toronto Hospital for Consumptives; Vice-President, Miss Ella Robertson, Reg. N., Toronto Hospital for Consumptives; Secretary, Miss Josephine Wik, Reg.N., Toronto Hospital for Consumptives; Treasurer, Maude Powell, Reg.N., Toronto Hospital for Consumptives.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss Frances Sharpe; President, Mrs. J. McDiarmid; Vice-President, Miss L. M. Davidson; Recording Secretary, Miss Gladys Jefferson; Corresponding Secretary, Miss Jane Read, 375 Ingersoll Ave.; Treasurer, Miss H. Hamilton; Representative, The Canadian Nurse," Miss Anne Kerr.

GRADUATE NURSES' ASSOCIATION OF THE EASTERN TOWNSHIPS

Hon. President, Miss H. S. Buck, Supt. Sherbrooke Hospital; President, Miss Grace Moffatt; Vice-President, Miss Doris Stevens; Second Vice-President, Mrs. George Mackinnon; Treasurer, Miss E. W. Imrie; Recording Secretary, Miss Helen Hetherington; Corresponding Secretary, Miss Margaret Robins; Representative to "The Canadian Nurse," Miss Carolyn A. Hornby, Box 324, Sherbrooke, P.Q.

LACHINE GEN. HOSPITAL ALUMNAE ASS'N

Hon. President, Miss L. M. Brown; President, Mrs. McL. Murray; Vice-President, Miss K. Mason; Secretary-Treasurer, Mrs. D. H. Balmain, 383 St. Catherine St., Lachine, P.Q.

Regular Meeting—Second Monday of each month, at 8.15 p.m.

MONTREAL GRADUATE NURSES' ASSOCIATION

Hon. President, Miss L. C. Phillips, 3626 St. Urbain St.; President, Miss C. V. Barrett, Royal Victoria Maternity Hospital; First Vice-President, Miss K. Ferguson, Alexandra Hospital, Charron St.; Second Vice-President, Miss A. Jamieson, 1230 Bishop St.; Secretary-Treasurer, Miss J. A. Fletcher, 1230 Bishop St.; Registrar, Miss L. White, 1230 Bishop St.; Asst. Registrar, Miss A. Sewell, 1230 Bishop St.; Convener Griffintown Club, Miss G. H. Colley, 261 Melville Ave. West.

Regular meeting, first Tuesday each month, at 8.15 p.m.

A.A. CHILDREN'S MEMORIAL HOSPITAL, MONTREAL

Hon. President, Miss A. S. Kinder; President, Mrs. C. H. P. Moore; Vice-President, Miss Dora Parry; Treasurer, Miss C. M. Wight, Children's Memorial Hospital; Secretary, Miss E. M. Hillyard, Children's Memorial Hospital; Representative to "The Canadian Nurse," Miss A. M. Thompson; Sick Nurses Committee, Misses I. B. Stewart, G. R. Murray; Members of Executive Committee, Misses E. Way, M. Watson.

MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION

President, Miss C. Watling; First Vice-President, Miss M. K. Holt; Second Vice-President, Miss F. E. Strumm; Recording Secretary, Miss M. Boa, Western Division, Montreal General Hospital; Corresponding Secretary, Miss Mary S. Mathewson, 464 Strathcona Ave., Westmount, P.Q.; Treasurer of Alumnae Association, Miss I. Davies, Montreal General Hospital; Assistant Treasurer, Miss H. Dunlop; Treasurer, Mutual Benefit Association, Miss I. Davies; Executive Committee, Misses E. Cowen, E. McNutt, Stephens, Meigs, Frances Reed; Representative, "The Canadian Nurse," Miss Agnes Jamieson, 1230 Bishop St.; Representative, Private Duty Section A.R.N.P.Q., Miss Agnes Jamieson; Representatives to Local Council of Women, Misses Wainwright and Colley (Proxies, Misses Hardinge and Handcock); Sick Visiting Committee, Misses W. Cooke, Budden, Beckstead, Herman; Refreshment Committee, Misses Henderson and Herman, conveners; Misses Brady, H. Miller, Forbes, Yardley, Best, G. Carter.

THE ALUMNAE ASSOCIATION OF THE HOMEOPATHIC HOSPITAL, MONTREAL

President, Miss M. Lunny; First Vice-President, Miss M. Currie; Second Vice-President, Miss H. McMurtry; Treasurer, Miss D. W. Miller; Secretary, Miss M. McKenzie, Homeopathic Hospital, N.D.G.; Assistant Secretary, Miss M. Bright; Representative Private Duty Section, Miss E. Routhier; Representatives to Montreal Graduate Nurses Association, Mrs. H. Pollock, Miss H. O'Brien; Sick Visiting Committee, Misses J. Shanahan, A. M. Porteous, H. Duncan, D. Campbell, J. Swan, and Mrs. J. Patterson; "The Canadian Nurse" Representative, A. B. Pearce.

ALUMNAE ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL.

Hon. Presidents, Misses E. A. Draper and M. F. Hersey; President, Mrs. Stanley; First Vice-President, Miss E. Reid; Second Vice-President, Mrs. F. A. C. Scrimger; Recording Secretary, Mrs. Roberts; Corresponding Secretary, Miss M. Stewart; Treasurer, Miss M. Burdon; Executive and Finance Committee, Misses M. F. Hersey, Goodhue, McLellan, Enright, M. Wright, E. Allder, Etter, Mrs. Stanley; Programme Committee, Mrs. F. A. C. Scrimger, Misses B. Campbell, E. Flanagan; Representative, "The Canadian Nurse," Miss W. MacLean; Representatives, Local Council of Women, Misses Hall, E. Allder; Sick Visiting Committee, Misses Gall, MacLellan, Mrs. Walker; Private Duty Section, Miss I. Pearson.

THE WESTERN HOSPITAL, MONTREAL, ALUMNAE ASSOCIATION

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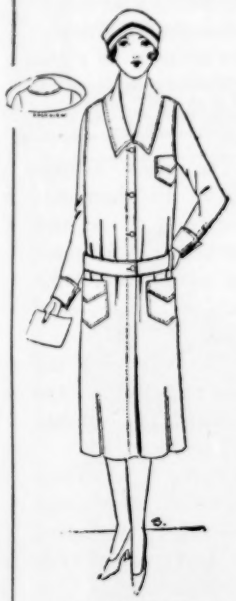

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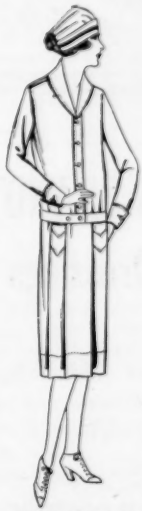

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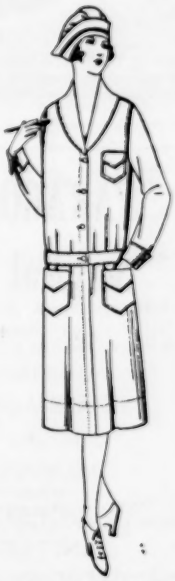

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